



Community Health Needs Assessment Furnas County, NE

On Behalf of Cambridge Memorial Hospital Inc, DBA
Tri Valley Health System



April 2025

**VVV Consultants LLC
Olathe, KS**

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) Community Healthcare Service Offerings
- b) Provider Manpower (Local and Visiting Specialists)
- c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, and Feedback
- c) Public CHNA Notice / News
- d) Primary Research Detail
- e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Tri Valley Health System– Furnas County, NE - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Tri Valley Health System and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Furnas County, NE CHNA began in November of 2024 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA benefits for both the local hospital and the health department are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community’s health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital’s “Mission” to deliver.

County Health Area of Future Focus on Unmet Needs

Area Stakeholders held a community conversation to review, discuss, and prioritize health delivery. Below are two tables reflecting community views and findings:

Tri Valley Health System (Furnas Co, NE)				
2025 CHNA Unmet Needs - Town Hall 2/20/25				
Tri Valley Health System - Furnas Co NE (15 RSVP, 12 Attendees, 44 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Affordable, Providers, Stigma)	9	20%	20%
2	Housing (Accessible, Affordable, Quality)	6	14%	34%
3	Poverty	6	14%	48%
4	Cancer	5	11%	59%
5	Substance Abuse (Alcohol, Drugs, and Vaping)	4	9%	68%
6	Preventative Health (Address Obesity)	4	9%	77%
Total Votes		44		
Other Items receiving votes: Recruit Male PCP, Childcare (Affordable and Accessible), Dental (Accepting Medicaid), Skilled Care (Nursing Home Access), Home Health, and School Health				

Town Hall CHNA Findings: Areas of Strengths

Tri Valley Health System (Furnas Co, NE) - Community Health Strengths			
#	Topic	#	Topic
1	Community resources and partnerships	3	Quality of care (taken care of and outcomes)
2	Medical access (providers, emergency, ambulance)	4	Transportation

Key CHNA Round #5 Secondary Research Conclusions found:

NEBRASKA HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Furnas Co, NE, on average was ranked 60th in Health Outcomes, 49th in Health Factors, and 34th in Physical Environmental Quality out of the 93 Counties.

TAB 1. Furnas County’s population is 4,556 (based on 2023 findings). There is 5.6% of the population that is under the age of 5, while the population that is over 65 years old is 26.3%. Children in single parent households make up a total of 9.7% compared to the rural norm of 16.5%, and 85.6% are living in the same house as one year ago.

TAB 2. In Furnas County, the average per capita income is \$32,494 while 13.6% of the population is in poverty. The severe housing problem was recorded at 11.8% compared to the rural norm of 10.7%. Those with food insecurity in Furnas County is 10.3%, and those having limited access to healthy foods (store) is 1%. Individuals recorded as having a long commute while driving alone is 18% compared to the norm of 22.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Furnas County is 46.8%. Findings found that 89.8% of Furnas County ages 25 and above graduated from high school while 21.4% has a bachelor’s degree or higher (2022).

TAB 4. The percent of births where prenatal care began in the first trimester was recorded at 75.3% compared to the rural norm of 83.7%. Additionally, the percentage of births with low birth weight was 9.8%. Furnas County recorded 14.2% of births occurring to teens between ages 15-19.

TAB 5. The Furnas County primary care service coverage ratio is 1 provider (county based offced physician who is a MD and/or DO) to 921 residents. There were 3,948 preventable hospital stays in compared to the rural norm of 2,580. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 93.5% while patients who reported they would definitely recommend the hospital was recorded at 86.5%. The average median time patients spent in the emergency department before leaving the visit is 142 minutes.

Secondary Research Continued

TAB 6. The age-adjusted prevalence of depression among adults reported in 2021 for Furnas County was 17.1% compared to the rural norm of 17%. The average number of mentally unhealthy days recorded was 3.9 (per week of 7 days).

TAB 7a – 7b. Furnas County has an obesity percentage of 41.2% and a physical inactivity percentage is 27%. The percentage of adults who smoke is 16.8%, while the excessive drinking percentage is 18.6%. The age-adjusted diagnosed diabetes among the population in Furnas County was recorded at 8.3% compared to the rural norm of 8.7%. The age-adjusted prevalence chronic kidney disease is 2.6%. The age-adjusted prevalence of COPD among adults is 5.8%, while the prevalence of coronary heart disease is 5.2% among adults.

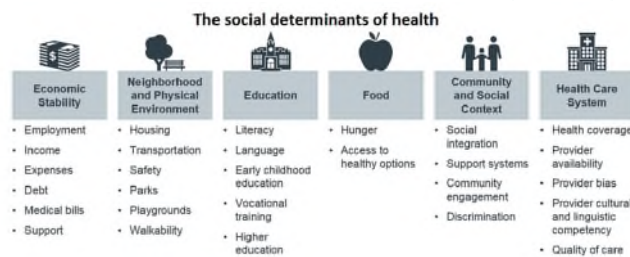
TAB 8. The adult uninsured rate for Furnas County is 10% compared to the rural norm of only 8.5%.

TAB 9. The life expectancy rate in Furnas County for males and females is roughly 76 years of age. The age-adjusted Cancer Mortality rate per 100,000 is 163.4. The age-adjusted heart disease mortality rate per 100,000 is at 199.5.

TAB 10. A recorded 41.3% of Furnas County has access to exercise opportunities. Continually, 44% of women have done a mammography screening compared to the rural norm of 49.3%. Adults recorded in Furnas County who have had a regular routine check-up is 69.4%. The age-adjusted prevalence of high blood pressure among adults in Furnas County is 78.9% compared to the rural norm of 29.7%.

Social determinants driving community health: From Town Hall conversations, Community/Social Context followed by Economic Stability, Health Care System, and Neighborhood /Physical Environment are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Tri Valley, NE PSA (N=134)



"KEY" Social Determinant Takeaways to Improve Our Community Health	
It is too expensive to live in Cambridge for what few amenities are offered. ...	Knowledge of affordable mental health care
Affordable, safe housing (both ownership and rentals) are problematic, as well as quality child care .	I would like to see more biking/running/walking trails with lighting in our community. This would promote accessible outdoor fitness opportunities...
... Unhealthy foods are cheaper , but then lead to health problems/being overweight. It's due to increased prices of everything educational programs provided need to be evening programs...

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=134) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Furnas County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 83.6%.
- Furnas County stakeholders are very satisfied with some of the following services: Ambulance Services, Dentists, Emergency Room, Telehealth, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Aging Nursing Home Facilities, Mental Health Services, Available Nursing Home Beds, Affordable Health Insurance Plans, Rental Housing, Aging Primary Care Providers, Access to Specialists, Child Care, PCP Recruitment, and Housing.

Tri Valley NE PSA - CHNA YR 2025 N=134					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Aging Nursing Home Facilities	46	9.9%		1
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	35	7.5%		2
3	Available nursing home beds	35	7.5%		3
4	Access to Specialties - Physician Recruitment	32	6.9%		7
5	Affordable health insurance plans	32	6.9%		4
6	Rental Housing	31	6.6%		5
7	Housing	26	5.6%		10
8	Aging Primary Care providers	26	5.6%		6
9	Child Care	25	5.4%		8
10	PCP Recruitment/Add visiting specialists (ENT, DERM, URL, ENDO, ENT)	18	3.9%		9
11	Underinsured/Uninsured	17	3.6%		12
12	Drug / Substance Abuse	17	3.6%		11
13	HC Staffing shortages (Nurses, etc.)	16	3.4%		14
14	Obesity	15	3.2%		13
15	Dental Services (taking Medicaid)	13	2.8%		18
16	Home Health / Hospice	11	2.4%		19
17	Senior Health	10	2.1%		15
18	Nutrition - Healthy Food Options	10	2.1%		20
19	Alcohol Abuse	10	2.1%		24
20	Urgent Care	10	2.1%		21
21	Hospital Community Perception (Arapahoe)	9	1.9%		16
22	School Health	7	1.5%		17
23	Chronic Diseases (COPD, CHF, Hyper, others)	5	1.1%		23
24	Up to date Medical delivery practices	4	0.9%		25
25	Pornography	3	0.6%		26
26	Awareness of HC services	2	0.4%		22
27	EMR Integration	2	0.4%		27
Totals		467	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. A description of the community served by the facility and how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. The identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. A prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

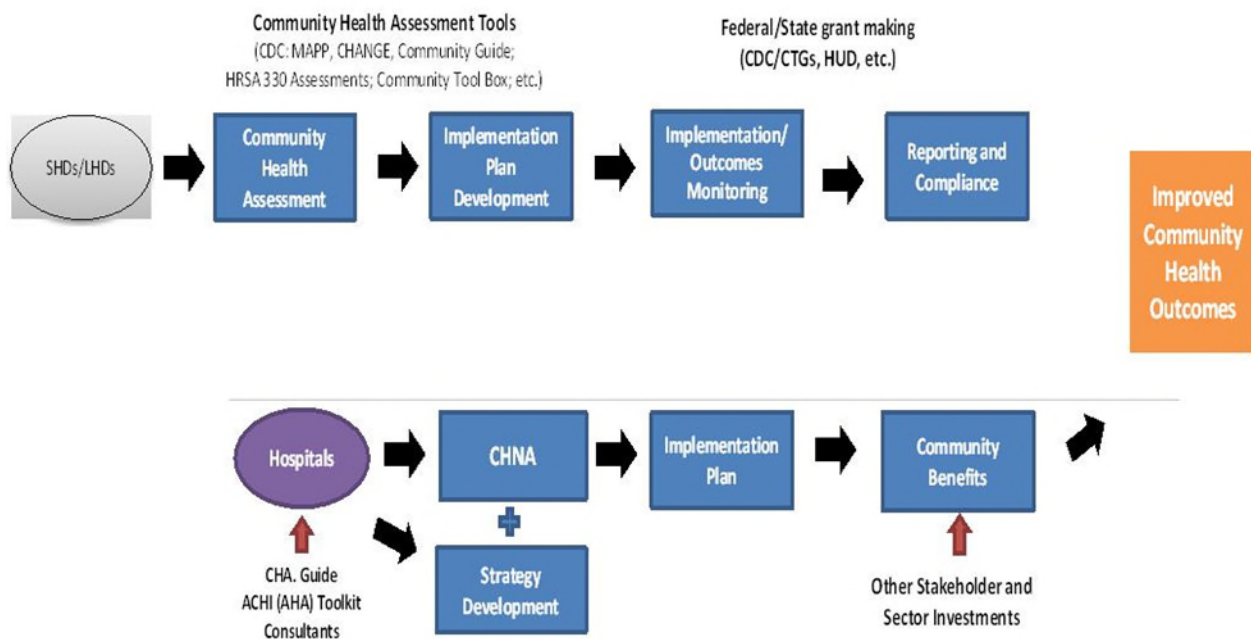
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be **“conducted”** in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

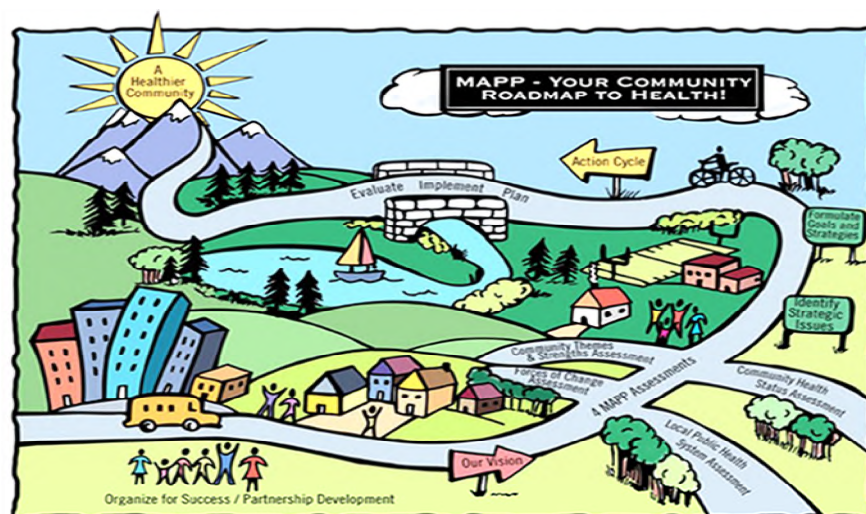
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in depth profile of the local hospitals and health department CHNA partners:

Tri Valley Health System

CEO: Clay Jordan
1305 Old US Hwy 6 #34, Cambridge, NE 69022
Phone: (308) 697-3329

History: What is now known as Tri Valley Health System began over 60 years ago with the opening of Cambridge Memorial Hospital in 1958. The hospital quickly grew and expanded with medical clinics throughout Furnas County and eastern Red Willow County. In the early 1990's, the health network again expanded services to include senior care and housing and became Tri Valley Health System. In the years since, Tri Valley Health System has been recognized by the Wall Street Journal as a model for integration of services and also added Tri Valley Diagnostic Sleep Center. On October 3, 2010, Tri Valley Health System celebrated yet another expansion with the grand opening of a new state-of-the-art facility to house Cambridge Memorial Hospital and Cambridge Medical Clinic. The original hospital complex was renovated in March 2011 to create Tri Valley Healthy Living Center. This space is dedicated to healthy living and disease prevention with amenities such as the Wellness and Rehab Center, Cornerstone dining area, Nutrition and Diabetic services, and education rooms. Tri Valley Healthy Living Center also allowed for a new location for the Tri Valley Diagnostic Sleep Center.

Our Mission: To improve the lives we touch by providing care of the highest quality throughout life's journey.

Our Vision: Our vision is to be a model of continued excellence as a regional integrated health care system committing ourselves to provide quality, progressive care.

Services Offered at Tri Valley Health System:

- Cambridge Memorial Hospital: A licensed, 20-bed critical access hospital
- Satellite Medical Clinics: Personal medical service in Arapahoe, Cambridge and Indianola
- Specialty Clinic with many visiting specialists
- Full Surgical Suite
- Lab Services
- Imaging Services
- Two Emergency Room Bays with e-emergency, e-pharmacy, and telestroke capability. Heli-Pad for medical air transport
- Tri Valley Wellness and Rehab Center: An indoor fitness facility with equipment and programs for all fitness levels
- Tri Valley Nutrition and Diabetic Services: Education, support groups and plans to aid in weight management, overall nutrition and diabetic prevention or management
- Tri Valley Diagnostic Sleep Center: No need to leave town to diagnose sleep apnea and other problems
- Rehab Center in Arapahoe
- Heritage Plaza: A pleasant, spacious center for retirement living
- Assisted Living Facility: A caring center with a personal touch
- Cambridge Memorial Hospital Auxiliary: Friends in need, friends indeed during times of hospitalization
- Cambridge Call Care: A two-way personal response link to life-saving medical services

Southwest Nebraska Public Health Department

Director: Myra Stoney

404 West 10th Street/P.O. Box 1235, McCook, NE 69001-2911

Phone Number: 308-345-4223

Office Hours: Monday – Friday, 8:00am to 4:30pm (some evening clinics)

History: Southwest Nebraska Public Health Department was established May 16, 2002, utilizing an inter-local agreement between Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, and Red Willow counties. In June 2015, Keith County joined the inter-local agreement. In all, there were eighteen Nebraska health districts formed as a result of the tobacco settlement funds (LB692). This provided all ninety-three counties with public health services for the first time in Nebraska's history.

Our vision is a future where all people thrive and grow within safe and vibrant communities.

The mission of SWNPHD is to empower individuals, foster collaborative partnerships, and advance the well-being of our communities through public health best practices.

Services:

- Disease Prevention
 - Covid-19
 - Colon Cancer
 - Emergency Preparedness
 - Handwashing
 - Resources
 - Surveillance
 - West Nile Virus
- Environmental Health
 - Air Quality
 - Lead Information
 - Mold
 - Radon
 - Recycle
- Health Services
 - Dental
 - Immunizations
 - Target your Health
- Healthy Lifestyle
 - FROG
 - Kids Fitness
 - Overdose
 - Pool Cool
 - Respite
 - Tobacco
 - Walk to Health

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



VVV Consultants LLC



Vince Vandehaar, MBA – Principal

VVV Consultants LLC (Olathe, KS) – start 1/1/09 *

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BA – Associate Consultant

VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we've been there.

Innovative – we are process-driven & think "out of the box."

Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in November of 2024 for Tri Valley Health System in Furnas County, NE to meet Federal IRS CHNA requirements.

In early October 2024, a meeting was called amongst the Tri Valley Health System leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to Tri Valley Health System to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Tri Valley Health System -Defined Primary Serv Area				Overall (IP/OP) FFY22-24		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	69022	Furnas	Cambridge	35,282	44.4%	44.4%
2	68922	Furnas	Arapahoe	20,222	25.4%	69.8%
3	69046	Furnas	Wilsonville	6,602	8.3%	78.1%
4	68926	Furnas	Beaver City	6,506	8.2%	86.3%

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

Complete full documentation to create each CHNA section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Cambridge Memorial Hospital - Furnas Co, NE.			
VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 11/5/24			
Step	Timeframe	Lead	Task
1	6/15/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	8/14/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 8/1/25.
3	10/2/2024	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request NHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOorigin.xls)
4	On or before 10/2/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	On or before 10/2/24	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Nov. - Jan. 2024/25	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	10/21/2024	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	On or before 11/1/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	11/1/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/6/2024 for Online Survey
10	On or before 12/1/24	VVV / Hosp	Prepare/send out PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	12/6/2024	Hosp	Place PR #2 story to local media CHNA survey announcing upcoming Town Hall. Send E Mail (E#2) request to local stakeholders
12	Feb 18 2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Feb, 20 2025	VVV	Conduct CHNA Town Hall. Dinner 5-6:30pm . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/15/25	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 4/30/25	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	April 8th 2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 5/30/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



**2025 Community Health Needs Assessment
Furnas County, NE - Tri Valley Health System
Town Hall Meeting – Feb 20, 2025**

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA Town Hall Team Tables

TriValley Furnas Co, NE CHNA Town Hall, Feb 20th (5:00 - 6:30 pm)						
#	Table	Lead	Last Name	First Name	Organization	Title
1	A	XX	Jordan	Clay	Tri Valley Health System	CEO
2	A		Harris	Michael	Community	Resident
3	A		Schulte	Abby	First Central Bank	Marketing
4	A		Trail	Joy	Southwest NE Public Health	Sr Program Manager
5	B	XX	Miller	Jolene	Tri Valley Health System	Marketing Director
6	B		Calvin	Jerry	Community member	Resident
7	B		Farr	Rena	TriValleyHealth Systems	
8	B		Schultz	Jeff	Community member	Resident
9	B		Arambule	Lynnette	TriValleyHealth Systems	Human Resources Generalist
10	C	XX	Kutnink	John	TVHS & City Council Member	
11	C		Gunderson	David	City of Cambridge	Mayor
12	C		Schultz	Diane	Community member	Resident
13	C		Lashmet	Holly	Shadow Anesthesia Services	CRNA
14	D	XX	Ebbers	Ross	Tri Valley Health System	CAO
15	D		Bryant	Judith	Community member	Community Member
16	D		Baker	Logan	Community member	TVHS board
17	D		Downer	Derek	Way Point Bank	
18	D		Schaffert	Dora	Senior Life Solutions	

2

Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- > **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- > **Discuss New Focus: Social Determinants of Health (5 mins)**
- > **Review Current Service Area "Health Status"**
Review Secondary Health Indicator Data (10 TABs)
Review Community Online Feedback (30 mins)
- > **Collect Community Health Perspectives**
Share Table Reflections to verify key takeaways
Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)
- > **Close / Next Steps (5 mins)**

3

Introduction: Who We Are

Background and Experience





Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – *start 1/1/09 **

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BA – Associate Consultant
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

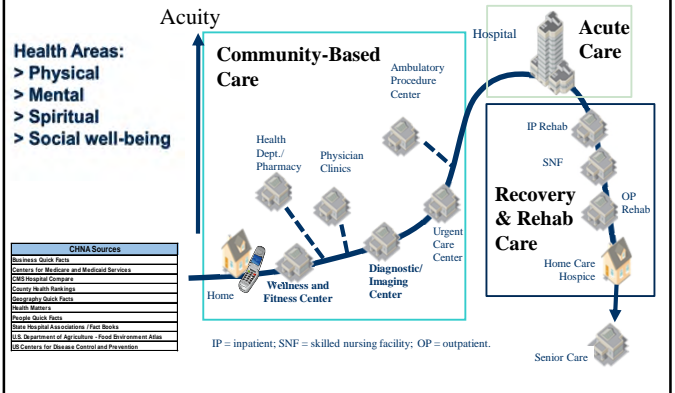
4

Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

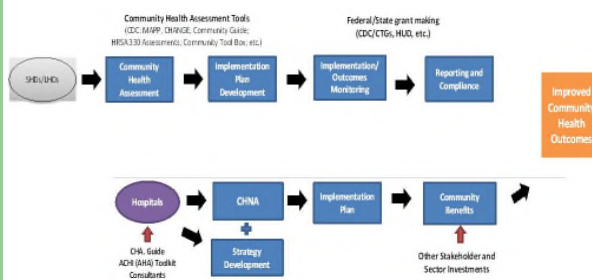
6

System of Care Delivery Birth to Grave (SG2)



7

Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



8

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

9

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- A CHNA's role is to....
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- Purpose of a CHNA – Why Conduct One?
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

10

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

- A description of the community served
- A description of the CHNA process
- The identity of any and all organizations and third parties which collaborated to assist with the CHNA
- A description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- A prioritized description of all of the community needs identified by the CHNA.
- A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

11

Social Determinants of Health



Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

12

IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: Good Same Poor

Health Indicators - Secondary Research

TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

14

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

Users of the 2024 RWJ report will find representation of county health has changed significantly.

Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.

County Health Rankings model © 2014 UWPRF

15

Furnas County 2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Nebraska county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

County Health Rankings & Roadmaps
https://www.countyhealthrankings.org/health-data/nebraska/furnas?year=2024

16

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:
What is occurring or might occur that would affect the "health of our community"?

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? **(BIG White Card)**
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed?** **(Small Color Card)**
- 3) *What other Ideas do you have to address Social determinants?* **(Small White Card - A)**

38

Community Health Needs Assessment Round #5 Year 2025

Thank You

Next Steps

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

VVV@VandelaarMarketing.com
OGH@VandelaarMarketing.com
(913) 302-7264

40

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

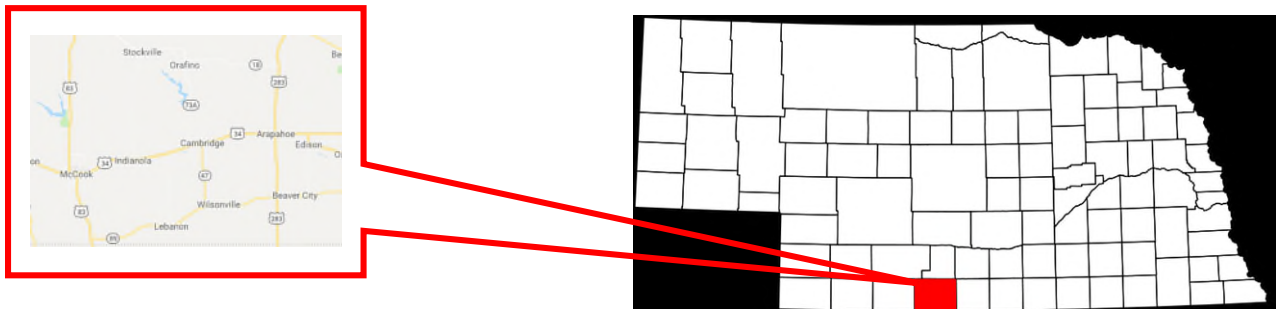
Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators are organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

II. Methodology

d) Community Profile (A Description of Community Served)

Furnas County (NE) Community Profile



The population of Furnas County, founded in 1873, was estimated to be 4,556 citizens in 2023 and a population density of 6 persons per square mile. Furnas County covers 721 square miles and lies on the south line of Nebraska.¹ Some larger and notable cities include Cambridge, Beaver City (county seat), and Arapahoe.

The major highway transportation access to Furnas County, NE is from Highway 283 from North Nebraska or going North from Kansas. Highway 6 and 34 goes through Cambridge, Nebraska running horizontal through the state.

Adjacent counties

- [Harlan County](#) – east
- [Norton County, Kansas](#) – south
- [Decatur County, Kansas](#) – southwest
- [Red Willow County](#) – west
- [Frontier County](#) – northwest
- [Gosper County](#) – north
- [Phelps County](#) – northeast

¹ <https://kansas.hometownlocator.com/ne/furnas/>

Furnas County (NE) Community Profile

Furnas County Public Airports²

Name	USGS Topo Map
Arapahoe Municipal Airport	Arapahoe
Cambridge Memorial Hospital Heliport	Cambridge
Cambridge Municipal Airport	Cambridge

Schools in Furnas County: Public Schools³

School	Address	Phone	Levels
Arapahoe Elementary	610 Walnut, Po Box 360 Arapahoe, NE 68922	308-962-5459	PK-6
Arapahoe High	610 Walnut, Po Box 360 Arapahoe, NE 68922	308-962-5458	7-12
Cambridge Elementary	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	PK-4
Cambridge High	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	9-12
Cambridge Middle	1003 Nelson St, Po Box 100 Cambridge, NE 69022	308-697-3322	5-8

² <https://nebraska.hometownlocator.com/features/cultural,class,airport,scfips,31065.cfm>

³ <https://www.publicschoolreview.com/nebraska/furnas-county>

Furnas County (NE) - Detail Demographic Profile

ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
68922	Arapahoe	NE	FURNAS	1,199	1,175	-2.0%	481	473	2.4	\$30,510
68926	Beaver City	NE	FURNAS	688	667	-3.1%	312	302	2.1	\$30,293
68936	Edison	NE	FURNAS	206	203	-1.5%	93	93	2.2	\$34,559
68946	Hendley	NE	FURNAS	91	91	0.0%	38	38	2.4	\$28,451
68948	Holbrook	NE	FURNAS	284	271	-4.6%	122	119	2.3	\$31,435
68967	Oxford	NE	FURNAS	1,006	990	-1.6%	489	486	2.1	\$36,096
69022	Cambridge	NE	FURNAS	1,215	1,168	-3.9%	555	537	2.2	\$36,146
69046	Wilsonville	NE	FURNAS	215	208	-3.3%	95	92	2.3	\$31,810
Totals				4,904	4,773	-2.5%	2,185	2,140	2.2	\$32,413

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
68922	Arapahoe	NE	FURNAS	916	330	272	228	559	640	165
68926	Beaver City	NE	FURNAS	539	194	146	132	362	326	87
68936	Edison	NE	FURNAS	170	50	35	44	120	86	34
68946	Hendley	NE	FURNAS	75	36	16	17	59	32	13
68948	Holbrook	NE	FURNAS	219	77	64	63	144	140	45
68967	Oxford	NE	FURNAS	803	287	194	187	480	526	174
69022	Cambridge	NE	FURNAS	959	371	242	256	594	621	174
69046	Wilsonville	NE	FURNAS	177	64	33	44	112	103	32
Totals				3,858	1,409	1,002	971	2,430	2,474	724

ZIP	City	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
68922	Arapahoe	NE	FURNAS	90.7%	0.3%	0.4%	5.9%	601	22%	60
68926	Beaver City	NE	FURNAS	91.0%	0.1%	0.0%	5.2%	387	16%	58
68936	Edison	NE	FURNAS	89.8%	0.0%	0.0%	7.8%	115	20%	57
68946	Hendley	NE	FURNAS	93.4%	0.0%	0.0%	3.3%	40	18%	69
68948	Holbrook	NE	FURNAS	93.7%	0.0%	0.4%	4.2%	159	15%	55
68967	Oxford	NE	FURNAS	91.4%	0.2%	0.0%	5.9%	577	23%	54
69022	Cambridge	NE	FURNAS	95.1%	0.0%	0.0%	4.0%	674	22%	58
69046	Wilsonville	NE	FURNAS	93.5%	0.9%	0.0%	2.3%	133	26%	60
Totals				92.3%	0.2%	0.1%	4.8%	2,686	20.0%	59

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

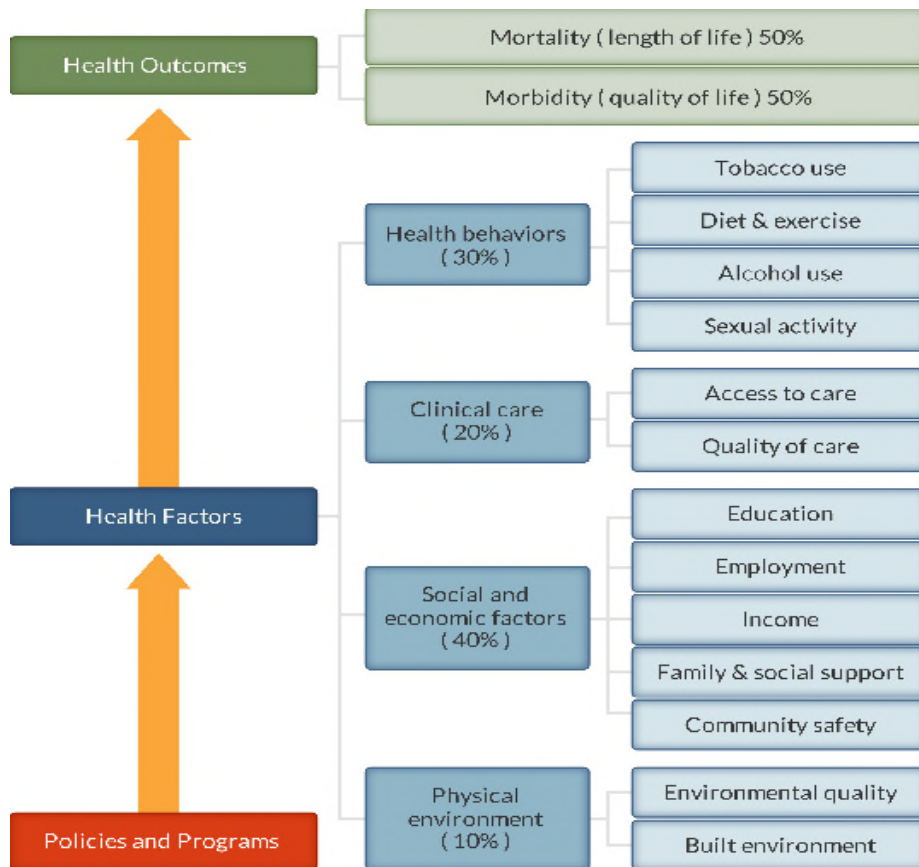
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 NE Rankings - 93 Counties	Definitions	Furnas Co NE 2023	Furnas Co NE 2022	TREND	WC NE Norm N=18
1	Health Outcomes		60	46		44
2	Mortality	Length of Life	62	31		42
3	Morbidity	Quality of Life	56	44		46
4	Health Factors		49	50		40
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	51	37		37
6	Clinical Care	Access to care / Quality of Care	63	65		40
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	39	46		42
8	Physical Environment	Environmental quality	34	31		42
WC Nebraska (N=18): Blaine, Buffalo, Custer, Dawson, Furnas, Greeley, Hall, Holt, Howard, Kearney, Lincoln, Logan, Loup, Rock, Sherman, Thomas, Valley, and Wheeler						

PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

1	Population Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	WC NE Norm N=18	Source
a	Population estimates, 2020-2022	4,556	4,676		1,963,554	12,361	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.6%	5.8%		6.4%	6.1%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	26.3%	25.3%		16.4%	24.2%	People Quick Facts
d	Female persons, percent, 2020-2022	49.1%	50.4%		49.7%	49.3%	People Quick Facts
e	White alone, percent, 2020-2022	96.6%	97.0%		87.7%	95.6%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	0.7%	0.5%		5.3%	1.4%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	5.2%	4.9%		12.0%	8.3%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	4.8%	3.3%		11.8%	6.5%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	85.6%	89.9%		85.2%	89.9%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	9.7%	14.5%	+	20.4%	16.5%	County Health Rankings
k	Veterans, 2018-2022	344	342		111,873	648	People Quick Facts

Tab 2: Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

2	Economic - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Per capita income in past 12 months, 2018-2022	\$32,494	\$27,021	+	\$35,189	\$34,512	People Quick Facts
b	Persons in poverty, percent, 2020-2022	13.6%	12.2%	-	10.8%	12.6%	People Quick Facts
c	Total Housing units, 2023	2,519	2,707		766,887	5,505	People Quick Facts
d	Persons per household, 2018-2022	2.3	2.2		2.5	2.4	People Quick Facts
e	Severe housing problems, percent, 2015-2019	11.8%	11.8%	-	12.2%	10.7%	County Health Rankings
f	Total employer establishments, 2022	147	NA		43,344	395	People Quick Facts
g	Unemployment, percent, 2021	2.0%	2.8%	+	2.3%	2.2%	County Health Rankings
h	Food insecurity, percent, 2020	10.3%	13.2%	+	5.6%	11.7%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	1.0%	9.6%		5.6%	11.7%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	18.0%	18.1%		19.0%	22.1%	County Health Rankings
k	Households with a broadband Internet subscription, percent, 2018-2022*	74.0%	NA		89.6%	81.7%	People Quick Facts

**New Social Determinant Data Resources

Tab 3: Educational Profile

Currently, school districts are providing on-site primary health screenings and basic care.

3	Education - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	46.8%	49.5%	+	41.3%	42.0%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	89.8%	88.8%		91.7%	92.6%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	21.4%	17.4%	+	32.9%	23.7%	People Quick Facts

#	Indicators	PSA Cambridge Public Schools	PSA Southwest Public Schools	PSA Arapahoe Public Schools
1	Total # Public School Nurses	1	1	1
2	School Nurse is part of the IEP team	N/A	Yes-only if a medical determination is required	N/A
3	School Wellness Plan in place (Active)		Yes	
4	VISION: # Screened / Referred to Prof / Seen by Professional	135/2/Unkown	286/0/unknown	217/10/Unknown
5	HEARING: # Screened / Referred to Prof / Seen by Professional	135/3/Unknown	286/0/unknown	183/8/Unknown
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	166/3/Unknown	286/0/unknown	223/30/Unknown
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	N/A
8	# of Students served with no identified chronic health concerns	N/A	unknown	N/A
9	School has a suicide prevention program	N/A	Yes	N/A
10	Compliance on required vaccinations (%)	95%-Kinder 75% 7th grade	98.00%	83%-Kinder 85% 7th grade

Tab 4: Maternal / Infant Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

4	Maternal/Infant - Health Indicators (Access/Quality)	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Average Percentage of Births Where Prenatal Care began in First Trimester, 2019-202	75.3%	75.0%		72.5%	83.7%	Nebraska DHHS Division of Public Health
b	Percentage of Premature Births, 2019-2022	12.7%	15.4%		11.1%	9.8%	March of Dimes
d	Percent of Births with Low Birth Weight, 2019-2021	9.8%	6.5%		7.5%	7.1%	County Health Rankings
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	14.2	18.0	+	16.01	16.9	County Health Rankings
f	Child Care Centers per 1,000 Children, 2010-2022*	3.5	NA		7.4	6.1	County Health Rankings

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Statistics	Furnas Co NE	Trend	State of NE	NE Rural 18 Norm
a	Total Live Births 2016	52		26,594	177
b	Total Live Births 2017	61		25,833	169
c	Total Live Births 2018	58		25,494	174
d	Total Live Births 2019	74		24,758	161

Tab 5: Hospitalization and Provider Profile

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

5	Hospital/Provider - Health Indicators (Access/Quality)	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	921:1	1572:1	+	1310:1	2,117:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	3,948	4,747	+	2,249	2,580	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)* Avg. 2 Q 2024	93.5%	NA		80.0%	78.0%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital * Avg. 2 Q 2024	86.5%	NA		77.0%	74.3%	CMS Hospital Compare, 4/1/2018 to 3/31/2019
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	142	92	-	108	118	CMS Hospital Compare, 4/1/2018 to 3/31/2019

Source: Internal Records - Furnas County NE				
	Community Tax Dollars	YR 2019	YR 2020	Yr 2021
1	Core Community Public Health - Public Safety			
	Police	\$60,000	\$60,000	\$60,000
	Fire	\$48,904	\$70,000	\$70,000
2	Recreational Opportunities for Youth			
	Swimming	\$96,000	\$73,000	\$68,000
	Baseball	\$0	\$0	\$3,000
3	Library	\$75,000	\$60,000	\$80,000
4	Environmental Services			
	solid waste disposal - all user fees	\$0	\$0	\$0
6	Immunizations/Vaccine \$\$	\$750	\$0	\$0
7	Immunizations/Vaccine ##	150	137	396
8	Primary Care, lab, minor procedures (EMT & Fire Physicals)	\$1,200	\$1,300	\$1,200

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Age-Adjusted Prevalence of Depression Among Adults, 2021*	17.1%	NA		17.2%	17.0%	Nebraska DHHS Division of Public Health
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	18.5		14.9	17.1	National Institute of Health
c	Average Number of mentally unhealthy days, 2021	3.9	3.7	-	4.3	4.1	County Health Rankings

**New Social Determinant Data Resources

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
NE	Furnas County	31065	22.1
	NE Average 2023		29.4

Source: U.S. County Opioid Dispensing Rates, 2023 | Drug Overdose | CDC Injury Center

Tab 7a: Risk Indicators & Factors Profile

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

7a	High-Risk - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Adult obesity, percent, 2020	41.2%	36.5%	-	36.3%	38.6%	County Health Rankings
b	Adult smoking, percent, 2020	16.8%	18.1%	+	13.9%	16.2%	County Health Rankings
c	Excessive drinking, percent, 2020	18.6%	21.9%	+	22.1%	18.7%	County Health Rankings
d	Physical inactivity, percent, 2020	27.0%	29.0%	+	23.5%	25.7%	County Health Rankings
e	Ade-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults*	29.2%	NA		29.3%	29.3%	ephtracking.cdc.gov
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	86.9	125.5	+	453.1	188.2	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators *	Furnas Co, NE	Furnas Co, NE	Trend	State of NE	NE NEB Norm N=18	Source
a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	21.8%	NA		22.6%	22.6%	ephtracking.cdc.gov
b	Age-Adjusted Prevalence of Current Asthma Among Asults >=18 ,2021	9.0%	NA		8.7%	8.7%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Asults >=18 ,2021	8.3%	11.1%	+	8.9%	8.8%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of Chronic Kidney Diseasae Among Adults >=18 ,2021	2.6%	NA		2.6%	2.6%	ephtracking.cdc.gov
e	Age-Adjusted Prevalence of COPD Among Asults >=18 ,2021	5.8%	NA		5.7%	5.7%	ephtracking.cdc.gov
f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	5.2%	NA		5.2%	5.2%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.3%	NA		6.2%	6.3%	ephtracking.cdc.gov
h	Age-Adjusted Incidence Rate of Breast Cancer per 100k over 5 year period (Females Only - Smoothed)- 2016-2020	136.9	NA		121.6	118.3	ephtracking.cdc.gov
i	Age-Adjusted Prevalence of Stroke Among Asults >=18 ,2021	2.6%	NA		2.7%	2.6%	ephtracking.cdc.gov

**New Social Determinant Data Resources

Tab 8: Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8	Insurance Coverage - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Uninsured, percent, 2020	10.0%	11.4%	+	8.5%	8.5%	County Health Rankings

**New Social Determinant Data Resources

#	Tri Valley Health System	YR 2022	YR 2023	YR 2024
1	Bad Debt - Write off	\$725,135	\$627,425	\$615,578
2	Charity Care - Free Care Given	\$33,378	\$18,991	\$22,119

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

9	Mortality - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Life Expectancy (Males & Females), 2019 - 2021	76.0	NA		78.4	78.3	County Health Rankings
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2021 (lower is better)	163.4	164.1		150.9	157.6	World Bank
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2021 (lower is better)	199.5	197.3		160.8	179.8	World Bank
d	Age-adjusted Chronic Lung Disease Mortality Rate per 100,000, 2021 (Lower is better)	49.2	48.3		40.5	48.5	World Bank
e	Alcohol-impaired driving deaths, percent, 2016-2020	NA	NA		32.2%	30.0%	County Health Rankings

Nebraska Death Statistics by Selected Causes of Death (2018-2022) Per 100k	Furnas Co NE	Mix %	Trend	State of NE	%
Total Deaths	787.5			768.2	
Heart Disease	160.7	20.4%		149.8	19.5%
Cerebrovascular Disease	36	4.6%		34.2	4.5%
Diabetes	*	NA		24.4	3.2%
Cancer	153.8	19.5%		147.6	19.2%
Chronic Lower Respiratory Disease	53.7	6.8%		43.1	5.6%
Accidents & Adverse Events	*	NA		42.0	5.5%
Alzheimer's Disease	*	NA		29.9	3.9%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

10	Preventative - Health Indicators	Furnas Co, NE 2025	Furnas Co, NE 2022	Trend	State of NE	NE NEB Norm N=18	Source
a	Access to exercise opportunities, percent, 2020 & 2022	41.3%	67.2%		84.2%	51.4%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021*	6.8%	NA		7.0%	6.9%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of High Cholesterol Among Adults >=18 ,2021(Screened in the last 5 years)*	28.9%	NA		NA	29.3%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressure Among Adults >=18 ,2021*	28.9%	NA		NA	29.7%	ephtracking.cdc.gov
e	Mammography annual screening, percent, 2020	44.0%	45.0%		50.0%	49.3%	County Health Rankings
f	Age-Adjusted Prevalence of Visits for a Routine Check-Up Among Adults >=18, 2020*	69.4%	NA		69.5%	69.2%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18, 2020*	60.4%	NA		63.6%	64.5%	ephtracking.cdc.gov
h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	ephtracking.cdc.gov

**New Social Determinant Data Resources

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for Furnas County, Nebraska.

Chart #1 – Furnas County, NE PSA Online Feedback Response (N=134)

Tri Valley NE PSA - CHNA YR 2025 N=134			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Business/Merchant	11.1%	Green	10.7%
Community Board Member	12.5%	Green	10.1%
Case Manager/Discharge Planner	0.0%	White	1.1%
Clergy	0.0%	White	1.3%
College/University	0.0%	White	2.7%
Consumer Advocate	5.6%	Yellow	2.5%
Dentist/Eye Doctor/Chiropractor	0.0%	White	0.6%
Elected Official - City/County	4.2%	White	2.2%
EMS/Emergency	9.7%	Yellow	2.6%
Farmer/Rancher	15.3%	Green	9.4%
Hospital	37.5%	Green	23.7%
Health Department	6.9%	Yellow	1.3%
Housing/Builder	1.4%	White	0.9%
Insurance	1.4%	White	1.3%
Labor	8.3%	Yellow	4.0%
Law Enforcement	0.0%	White	1.0%
Mental Health	4.2%	White	2.6%
Other Health Professional	11.1%	Green	13.5%
Parent/Caregiver	19.4%	Green	19.0%
Pharmacy/Clinic	8.3%	Yellow	2.9%
Media (Paper/TV/Radio)	2.8%	White	0.4%
Senior Care	2.8%	White	4.3%
Teacher/School Admin	13.9%	Green	7.9%
Veteran	2.8%	White	2.8%
TOTAL	72		3547
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. *Applied Sampling*, (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

Tri Valley NE PSA - CHNA YR 2025 N=134			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Top Box %	40.3%	Green	27.5%
Top 2 Boxes %	83.6%	Green	70.2%
Very Good	40.3%	Green	27.5%
Good	43.3%	Green	42.7%
Average	13.4%	White	23.3%
Poor	1.5%	White	5.2%
Very Poor	1.5%	White	1.2%
Valid N	134		4,897
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Re-evaluate Past Community Health Needs Assessment Needs

Tri Valley NE PSA - CHNA YR 2025 N=134					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Aging Nursing Home Facilities	46	9.9%	Red	1
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	35	7.5%	Red	2
3	Available nursing home beds	35	7.5%	Red	3
4	Access to Specialties - Physician Recruitment	32	6.9%	Red	7
5	Affordable health insurance plans	32	6.9%	Red	4
6	Rental Housing	31	6.6%	Red	5
7	Housing	26	5.6%	Red	10
8	Aging Primary Care providers	26	5.6%	Red	6
9	Child Care	25	5.4%	Red	8
10	PCP Recruitment/Add visiting specialists (ENT, DERM, URL, ENDO, ENT)	18	3.9%	Yellow	9
11	Underinsured/Uninsured	17	3.6%	Yellow	12
12	Drug / Substance Abuse	17	3.6%	Yellow	11
13	HC Staffing shortages (Nurses, etc.)	16	3.4%	Yellow	14
14	Obesity	15	3.2%	Yellow	13
15	Dental Services (taking Medicaid)	13	2.8%	Yellow	18
16	Home Health / Hospice	11	2.4%	Yellow	19
17	Senior Health	10	2.1%	Yellow	15
18	Nutrition - Healthy Food Options	10	2.1%	Yellow	20
19	Alcohol Abuse	10	2.1%	Yellow	24
20	Urgent Care	10	2.1%	Yellow	21
21	Hospital Community Perception (Arapahoe)	9	1.9%	White	16
22	School Health	7	1.5%	White	17
23	Chronic Diseases (COPD, CHF, Hyper, others)	5	1.1%	White	23
24	Up to date Medical delivery practices	4	0.9%	White	25
25	Pornography	3	0.6%	White	26
26	Awareness of HC services	2	0.4%	White	22
27	EMR Integration	2	0.4%	White	27
Totals		467	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Tri Valley NE PSA - CHNA YR 2025 N=134			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Chronic Disease Management	8.7%	Yellow	8.6%
Lack of Health & Wellness	10.5%	Red	11.3%
Lack of Nutrition / Access to Healthy Foods	9.6%	Yellow	10.3%
Lack of Exercise	15.3%	Red	14.0%
Limited Access to Primary Care	4.4%	White	5.1%
Limited Access to Specialty Care	4.4%	White	6.5%
Limited Access to Mental Health	14.0%	Red	15.0%
Family Assistance Programs	4.4%	White	5.0%
Lack of Health Insurance	16.6%	Red	12.4%
Neglect	10.9%	White	9.1%
Lack of Transportation	1.3%	White	4.8%
Total Votes	229		9,288

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.

Community Rating of HC Delivery Services (Perceptions)

Tri Valley NE PSA - CHNA YR 2025 N=134	Furnas Co NE N=134		Trend	*Round #5 Norms N=4,917	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	90%	0.0%	Green	82.6%	3.6%
Child Care	54%	14.1%	Red	39.2%	23.4%
Chiropractors	52%	18.8%	Red	71.4%	7.6%
Dentists	84%	2.0%	Green	60.6%	17.5%
Emergency Room	93%	0.0%	Green	75.0%	7.5%
Eye Doctor/Optomtrist	74%	10.1%	Yellow	71.9%	9.3%
Family Planning Services	44%	20.2%	Red	46.9%	16.0%
Home Health	55%	12.5%	Red	57.1%	10.6%
Hospice/Palliative	62%	11.7%	Red	64.9%	8.4%
Telehealth	72%	3.1%	Green	52.8%	11.5%
Inpatient Hospital Services	95%	1.0%	Green	75.4%	6.2%
Mental Health Services	56%	16.8%	Red	34.7%	28.7%
Nursing Home/Senior Living	38%	34.4%	Red	52.4%	15.9%
Outpatient Hospital Services	91%	2.1%	Green	74.6%	5.4%
Pharmacy	93%	1.0%	Green	83.9%	2.7%
Primary Care	94%	1.0%	Green	76.9%	6.1%
Public Health	63%	5.5%	Yellow	63.2%	8.9%
School Health	54%	6.5%	Yellow	59.5%	7.6%
Visiting Specialists	89%	1.0%	Green	67.8%	7.4%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.

Community Health Readiness

Tri Valley NE PSA - CHNA YR 2025 N=134		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Behavioral/Mental Health	23.8%	Red	31.0%
Emergency Preparedness	1.1%	Green	7.1%
Food and Nutrition Services/Education	3.5%	Green	16.0%
Health Wellness Screenings/Education	3.5%	Green	9.8%
Prenatal/Child Health Programs	3.6%	Green	13.4%
Substance Use/Prevention	20.7%	Red	32.9%
Suicide Prevention	22.5%	Red	34.2%
Violence/Abuse Prevention	20.7%	Red	32.0%
Women's Wellness Programs	9.6%	Yellow	17.2%
Exercise Facilities / Walking Trails etc.	5.9%	Yellow	14.7%

Healthcare Delivery "Outside our community"

Specialties:

Tri Valley NE PSA - CHNA YR 2025 N=134			
In the past 2 years, did you or someone you know receive HC outside of our community?	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Yes	72.1%	Yellow	71.5%
No	27.9%		28.5%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.

Specialty	Counts
SURG	6
PEDS	5
SPEC	5
ORTH	5
NEU	4

Access to Providers / Staff in our Community

Tri Valley NE PSA - CHNA YR 2025 N=134			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Tri Valley NE PSA N=134	Trend	*Round #5 Norms N=4,917
Yes	52.4%	Yellow	57.1%
No	47.6%		42.9%

What healthcare topics need to be discussed further at our Town Hall?

Tri Valley NE PSA - CHNA YR 2025 N=134	Furnas Co NE N=134			*Round #5 Norms N=4,917	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	90%	0.0%		82.6%	3.6%
Child Care	54%	14.1%		39.2%	23.4%
Chiropractors	52%	18.8%		71.4%	7.6%
Dentists	84%	2.0%		60.6%	17.5%
Emergency Room	93%	0.0%		75.0%	7.5%
Eye Doctor/Optomtrist	74%	10.1%		71.9%	9.3%
Family Planning Services	44%	20.2%		46.9%	16.0%
Home Health	55%	12.5%		57.1%	10.6%
Hospice/Palliative	62%	11.7%		64.9%	8.4%
Telehealth	72%	3.1%		52.8%	11.5%
Inpatient Hospital Services	95%	1.0%		75.4%	6.2%
Mental Health Services	56%	16.8%		34.7%	28.7%
Nursing Home/Senior Living	38%	34.4%		52.4%	15.9%
Outpatient Hospital Services	91%	2.1%		74.6%	5.4%
Pharmacy	93%	1.0%		83.9%	2.7%
Primary Care	94%	1.0%		76.9%	6.1%
Public Health	63%	5.5%		63.2%	8.9%
School Health	54%	6.5%		59.5%	7.6%
Visiting Specialists	89%	1.0%		67.8%	7.4%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.					

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Tri Valley Health 2025

Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	No		
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care	Yes		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		
Hosp	Case Management	Yes		
Hosp	Chaplaincy/pastoral care services	Yes		
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	No		Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	No		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes		
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM) with Tomosynthesis	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services	No		
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		
Hosp	Liver	No		
Hosp	Lung	No		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services			Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	Yes		
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services			Yes
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program			Yes
Hosp	Pediatric	No		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		

Inventory of Health Services - Tri Valley Health 2025				
Cat	HC Services Offered in county: Yes / No	Hospital	Health Dept	Other
Hosp	Reproductive Health	Yes		
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center -Level IV	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes		
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	Yes		
SR	Assisted Living	Yes		
SR	Home Health Services			Yes
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services	No		
SR	Retirement Housing	Yes		
SR	Skilled Nursing Care	Yes		
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center			Yes
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			Yes
SERV	Dental Services			Yes
SERV	Fitness Center	Yes		
SERV	Health Education Classes	Yes		
SERV	Health Fair (Annual)	Yes		
SERV	Health Information Center	Yes		
SERV	Health Screenings	Yes		
SERV	Meals on Wheels	Yes		
SERV	Nutrition Programs	Yes		
SERV	Patient Education Center	Yes		
SERV	Support Groups	Yes		
SERV	Teen Outreach Services		Yes	
SERV	Tobacco Treatment/Cessation Program	Yes		
SERV	Transportation to Health Facilities	Yes		
SERV	Wellness Program	Yes	Yes	

Providers Delivering Care in Furnas Co NE - 2025			
# of FTE Providers	Supply - County Based		
	FTE County Based	FTE Visting	PA/NP
Primary Care:			
Family Practice	1.5	0.0	6.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.1	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	0.0
Cardiology	0.0	0.2	0.0
Dermatology	0.0	0.1	0.0
Endocrinology	0.0	0.0	0.0
Gastroenterology	0.0	0.0	0.0
Hematology/ Oncology	0.0	0.1	0.0
Infectious Diseases	0.0	0.0	0.0
Nephrology	0.0	0.0	0.0
Neurology	0.0	0.0	0.0
Psychiatry	0.0	0.0	0.0
Pulmonary	0.0	0.1	0.0
Rheumatology	0.0	0.0	0.0
Surgery Specialists:			
General Surgery	0.0	0.1	0.0
Neurosurgery	0.0	0.0	0.0
Ophthalmology	0.0	0.0	0.0
Orthopedics	0.2	0.0	0.0
Otolaryngology (ENT)	0.0	0.0	0.0
Plastic/Reconstructive	0.0	0.0	0.0
Thoracic/Cardiovascular/Vasc	0.0	0.0	0.0
Urology	0.0	0.0	0.0
Hospital Based:			
Anesthesia/Pain	0.5	0.0	1.0
Emergency	0.0	0.0	0.0
Radiology	0.0	0.0	0.0
Pathology	0.0	0.0	0.0
Hospitalist *	0.0	0.0	0.0
Neonatal/Perinatal	0.0	0.0	0.0
Physical Medicine/Rehab	4.3	0.0	0.0
Podiatry	0.0	0.0	0.0
Wound Care	0.1	0.0	0.0
Others			
TOTALS	6.6	0.7	7.0

2025 Tri Valley Health Visiting Specialists

Specialty	Physician Name / Group	Location (City / State)	Schedule	Annual Days
Cardiology	Dr. Denney/ Kearney Regional Medical Center	Kearney, NE	Every Monday	48
Cardiology	Dr. Ferrer/ Kearney Regional Medical Center	Kearney, NE	2nd and 4th Thursdays	48
Dermatology	Dr. Adams/Premier Dermatology & Mohs Surgery Center	Hastings, NE	3rd Thursday	12
General Surgery	Dr. Sorrell/CHI Health Clinic	Kearney, NE	Every Tuesday	48
Hematology/Oncology	Dr. Lewis/Heartland Hematology & Oncology	Kearney, NE	2nd Wednesdays	12
OB/GYN	Dr. Pankratz/Obsterics & Gynecologists, P.C.	Hastings, NE	1st, 2nd, 4th, and 5th Wednesdays	48
Ophthalmology	Dr. T. J. Clinch/ Kearney Eye Institute	Kearney, NE	Every other month	6
Orthopedic	Dr. Wilkinson/Tri Valley Health System	Cambridge, NE	1st, 3rd, and 5th Tuesdays	36
Orthopedic	Dr. Carr/Tri Valley Health System	Cambridge, NE	2nd and 4th Mondays	24
Pain Management	Dr. Meyer/ Hearland Pain Clinics	Kearney, NE	Every Thursday and 3rd Wednesday	60
Podiatry	Dr. Carlston/ruralMed Management	Holdrege, NE	2nd and 4th Tuesdays	24
Podiatry	Dr. Raska/Great Plains Foot & Ankle	North Platte, NE	2nd and 4th Fridays	24
Pulmonology	Dr. Ganatra/Hastings Pulmonary & Sleep Clinic	Hastings, NE	1st Wednesdays	12
Pulmonology	Melissa Hoferer, APRN/CHI	Kearney, NE	4th Tuesday	12
Rheumatology	Dr. Teitel	New York, NY	Telehealth	
Senior Life Solutions	Dr. Frazier	Phoenix, AZ	4th Fridays Telehealth	12
Vascular & Echo	Bryan Health	Lincoln, NE	Every Monday	48
Vascular, Echo, Nuclear Science	Platte Valley Medical Group	Kearney, NE	Every Monday and Wednesday	96
Wound Care	Dr. Robbins/Tri Valley Health System	Cambridge, NE	Every Thursday	48

2025 Furnas County NE

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Sheriff
Doug Brown
912 R Street
Beaver City, NE 68926
PHONE: (308) 268-2245

Emergency Manager
Zoning Administrator
Roger Powell
PO BOX 408
Beaver City, NE 68926
PHONE: (308)268-5088

Municipal Non-Emergency Numbers

	Fire	Police
Arapahoe	(308) 962-7605	
Beaver City	(308) 268-2145	(308) 268-2245
Cambridge	(308) 697-3328	(308) 697-3713
Edison	(308) 927-2335	
Holbrook	(308) 493-5383	
Oxford	(308) 824-3527	
Wilsonville	(308) 349-4231	

Southwest Public Health Department (308) 345-4223

FURNAS COUNTY RESOURCES BY CATEGORY

UPDATED 3/2025

ABUSE HOTLINE (800) 652-1999

- ◆ DOMESTIC ABUSE (Domestic Abuse/Sexual Assault Services), McCook: (308) 345-5534 (877) 345-5534
- ◆ HUMAN TRAFFICKING (sex industry/ slave industry) DASAS McCook: (877) 345-5534, Trafficking & Immigration Outreach: (308) 325-2295, NATIONAL HOTLINE (888) 373-7888
- ◆ Kearney Safe Center: (308) 237-2599
- ◆ Boystown, Teen Help Line: (800) 448-3000 Boystown.org
- ◆ FAN Family Advocacy Network: (888) 836-7432 (Child Abuse Specialty)
- ◆ S.A.F.E Center- Services for dating, domestic, or sexual assault Kearney: (308) 237-2599

ABC PREGNANCY Help Center- McCook: (308) 350-0126

ADOPTION

- ◆ NE Children's Home Society., North Platte: (308) 534-3250 Fax (308) 534-5356 www.nchs.org.
- ◆ Lutheran Family Services, Kearney: (308) 236-8336
- ◆ Nebraska Children's Home Society, Grand Island: (308) 381-0568 or Omaha: (402) 451-0787

ALCOHOL & DRUG ADDICTION SERVICES

- ◆ Alcoholic Anonymous McCook: (308) 345-6027 or (877) 226-3632 Cambridge: Thursday at 7:30pm (John Werkmister) www.area41.org
- ◆ AA Newcomers group 709 W 2nd McCook: (308) 345-3807 or (308) 345-4324
- ◆ AI-A-Non, McCook: (308) 345-2714 or (308) 345-2594
- ◆ Alcoholism and Drug Services (Reg. II): (308) 345-2770, 24 hr. Emergency Hotline (308) 324-7200
- ◆ Antlers Inc.- Lincoln (detox): (402) 434-3965
- ◆ Bryan Health- Lincoln (detox): (402) 481-5268 or (402) 481-1111
- ◆ Freedom House- Kearney: (308) 237-5775
- ◆ Valley Hope, Norton: (800) 544-5101 or O'Neil: (402) 336-3747 (Ins. Or Private Pay only, must be alert oriented, physically active)
- ◆ Independence Center- Lincoln (detox): (402) 475-1011
- ◆ Region II Red Willow, Frontier Co. St. Funded Services Alliance: (308) 762-7177
- ◆ Region III Furnas Co. and East- State Funded Services through St. Frances in GI: (308) 389-5430 (No opiate or benzodiazepine detox.)
- ◆ Mid-Plains Center for Behavioral Healthcare- Grand Island (will do detox.): 308 385-5250
- ◆ Seekers of Serenity- Columbus, NE -- State Funded (detox. and treatment): (402) 564-9994
- ◆ The Bridge (Lincoln detox): (402) 477-3951
- ◆ Touchstone (Lincoln-not detox): (402) 474-4343
- ◆ US Dept VA- Omaha (detox.): (402) 346-8800
- ◆ Open Door Mission- Omaha: (402) 422-1111

ALZHEIMERS

- ◆ Nebraska Alzheimer's Association: (800) 272-3900

AMBULANCE SERVICES

- ◆ Air Care Flight Line (Good Samaritan): (800) 474-7911
- ◆ MedStar Air Flight: (877) 587-7827
- ◆ Eastern Ambulance Service, Lincoln: (800) 227-3627
- ◆ StarCareV: (800) 252-4262
- ◆ Phelps Memorial Ambulance Services: (308) 995-2913 or (308) 995-2211
- ◆ Priority Medical: (844) 879-2006
- ◆ Midwest Medical Transport Co., North Platte: (800) 562-3396
- ◆ LIFETEAM Critical Care Transport: (877) 213-5433

AMERICAN CANCER SOCIETY

- ◆ North Platte: (308) 534-0196
- ◆ American Cancer Response System (Info and resources): (800) 227-2345

- ◆ Leukemia & Lymphoma Society 2665 Farnam St. Omaha, Ne 38131:
(402) 344-2242 or (402) 344-2422, Fax (888) 847-4974

AMERICAN HEART ASSOCIATION: (800) 242-8721 Omaha: (402) 346-0771

AMERICAN RED CROSS

- ◆ SW NE Red Cross- Holbrook: (308) 493-5408
- ◆ Hall County-for serviceman, Emergency: (308) 382-3790 or North Platte: (308) 534-7350 “service to the Military Dept” ** Know branch of service, rank, relationship, soc sec #'s, and prognosis of family member.

AMERICAN STROKE ASSOCIATION: (888) 478-7653 Omaha: (402) 346-0771

AREA AGENCY OF AGING

- ◆ Kearney Office: (308) 234-1851
- ◆ Senior Care Options, Furnas County: (800) 658-4320, Fax (308) 234-1853
Medicaid Waiver program managed by League of Human Dignity, Kearney:
(308) 224-3665, Fax (308) 224-3633
- ◆ Senior Care Options Frontier and Red Willow County, North Platte: (800) 662-2961,
Fax (308) 534-9754, (866) 455-9930
Medicaid Waiver program managed by League of Human Dignity, North Platte: (308) 532-4911,
Fax: (308) 532-4922
- ◆ Ombudsman, Lincoln DHHS.LTCOmbudsman@nebraska.gov: (800) 942-7830
- ◆ Ombudsman, Kearney, Lisa McGuire: (308) 234-1851, (800) 658-4320 Fax: (308) 234-1853
- ◆ Centers for Independent Living (under 65 years old), Grand Island: (877) 400-1004,
Broken Bow: (877) 442-2248, Ogallala: (877) 284-0128, Kearney: (308) 258-1913, (308) 258-1914
www.cilne.org Name change “Independence Rising” 10-11

ASSISTED LIVING

- ◆ Beaver City Manor Assisted Living: (308) 268-5111
- ◆ Bertrand-Bertrand Nursing Home: (308) 472-3341
- ◆ Cambridge - Tri Valley Health System: (308) 697-4423
- ◆ Cozad-Emeral Nursing & Rehab: (308) 784-3715 Lori Scroggins (Spec Unit)
- ◆ Curtis- Sr. Living Choices: (308) 367-4259
- ◆ Elwood-Elwood Care Center: (308) 785-3302, Fax (308) 785-3303
- ◆ Holdrege- (Christian Homes): (308) 995-4493
- ◆ Kearney- Kinship North Ridge: (308) 698-5410
- ◆ Lexington- Ridgeway Senior Living: (308) 378-3800
- ◆ McCook – Kinship Pointe: (308) 345-2100
McCook- Hillcrest: (308) 345-4600
McCook- Highland Park: (308) 345-7757, Fax: (308) 345-4249

AUDIOLOGY

- ◆ Hastings Audiology, Dr. Foote and Beck: (800) 348-0368, Wednesdays in McCook: (308) 345-2902
- ◆ McCook Hearing Aide Center, McCook: (308) 345-7817
- ◆ Midwest Hearing Specialist, Hastings: (402) 463-2431
- ◆ Precision Hearing, McCook: (308) 345-1640
- ◆ Ron’s Hearing Aid Services: (308) 345-4653
- ◆ White-Musselman Hearing Center, Holdrege: (308) 995-4431

CHURCHES – Cambridge

- ◆ Catholic- St. Johns: (308) 697-3722 Parish Hall: (308) 697-3816 Father Wehr: (402) 641-4363
- ◆ Congregational- (308) 697-3849 Pastor Ann Trosper
- ◆ Baptist- Calvary: (678) 464-8328 Pastor Dr. Geoffrey Plummer
- ◆ Lutheran– St Paul's: (308) 697-3725 Pastor Dan Wiese 308-991-6289
- ◆ Trinity Community Church: (308) 697-4352 Pastor Tim Burke
- ◆ Grace Bible Church- (308) 655-8088
- ◆ E-Free Church Cambridge Campus (308) 345-1661

COLLAGE CENTER- Kearney: (308) 234-9880 (free pregnancy testing, counseling, and info)

CIMRO – Bill Brock: (402) 476-1399 or (800) 635-9407

COMMUNITY ACTION PARTNERSHIP-of Mid Nebraska, McCook: (308) 345-1187

COUNTY ATTORNEY- Patrick Calkins (308) 268-4135

DENTISTS

- ◆ Bison Dental, McCook: (308) 345-1470
- ◆ Medicine Creek Family Dentistry, Cambridge: (308) 697-3736
- ◆ Great Plains Oral Surgery, McCook: (308) 345-4118
- ◆ Medicaid Providers, North Platte (dentures): (308) 696-0977, Atwood KS: (785) 626-8290
- ◆ SW Nebraska Dental, McCook, Kaitlin Haag: (308) 345-2273
- ◆ Tobias Dental Care, McCook: (308) 345-1510

DIALYSIS

- ◆ Lincoln: (402) 466-8259 or (800) 633-5462
- ◆ Hastings: (402) 463-4893
- ◆ McCook Dialysis Center (DaVita) 801 West C St. McCook: (308) 345-1916
Central Office: (800) 424-6589

DME

- ◆ Central NE Home Care Kearney: (800) 466-4416, (308) 865-2711 or Grand Island: (308) 384-9333
- ◆ Frontier Home Medical McCook: (308) 345-2068 North Platte: (308) 532-2078, Cozad: (308) 784-3040, Kearney: (308) 234-3532
- ◆ Banner Home Medical Equipment, Ogallala: (308) 284-4234, Apria-North Platte: (308) 534-7733, Apria- Kearney: (308) 236-6619
- ◆ Mark's Pharmacy (No O₂): (308) 697-3400, (308)962-7895 Arapahoe
- ◆ Option Care (feeding tube supplies): (402) 423-1333
- ◆ Phelps Home Medical Equipment, Holdrege: (308) 995-4375
- ◆ Redline Specialty Pharmacy- Home Infusion, Hastings: (402) 462-2929, Fax (402) 462-2932
- ◆ Frontier Home Medical, Lexington: (308) 324-8330
- ◆ Usave, McCook: (308)345-5670, Fax (308) 345-5676

DNA

Paternity testing www.DNAcenter.com

EARLY DEVELOPMENT NETWORK- free developmental screening (birth to 3 years) (888) 806-6287

EMERGENCY RESPONSE COORDINATOR – SW NE Public Health Dept. Roger Powell: (308) 268-5088

ENT SPECIALISTS

- ◆ E.N.T. Physicians of Kearney: (800) 846-6404, (308)865-2277
- ◆ Ear, Nose, Throat & Sinus Clinic, North Platte: (308) 532-6165

ETHICS CONSULTATION- Good Samaritan, Kearney or NASW: (800) 742-4089

FIRE DEPARTMENTS

- ◆ Arapahoe: (308) 962-7605
- ◆ Bartley: (308) 692-3216
- ◆ Cambridge: (308) 697-3328
- ◆ Indianola: (308) 364-2211

FOOD PANTRY- contact any local minister

- ◆ Arapahoe:(308) 962-7296
- ◆ Cambridge:(308) 697-3756
- ◆ McCook (308) 345-4844

HOME HEALTH SERVICES

- ◆ Kearney Good Sam. Home Health: (308) 865-7090, Fax (308) 865-2923
- ◆ Central Plains HH & Hospice, Cozad: (308) 784-4630
- ◆ Community Hospital HH, McCook: (308) 344-8356 Fax: (308) 344-1515
- ◆ RuralMED HH & Hospice, Holdrege: (308) 995-4375 Fax: (308) 995-4548
- ◆ Good Samaritan Society Home Care of SW NE (Alma): (308) 928-2804 Fax: (308) 928-2817

HOME MEDICAL ALERT SYSTEMS

- ◆ Life Alert: (800) 990-0638
- ◆ Medical Guardian: (855) 298-2406
- ◆ Tri Valley Call Care System: (308) 697-1164 (Joyce Deaver)
- ◆ Philips Lifeline: (855) 214-1367

HOMELESS SHELTERS

- (Crisis Line 800-215-3040) or (308) 324-3040
- ◆ RAFT Inc.- Kearney: (308) 865-1352, ext. 133 or ext. 137
 - ◆ S.A.F.E Center- Kearney: (308) 237-2599
 - ◆ Haven House Community Services Inc.- Lexington: (308) 324-7170
 - ◆ Parent-Child Center- Lexington: (308) 324-2336

HOSPICE

- ◆ Asera Care Hospice, Kearney: (308) 698-0580, (888) 273-3309 Fax: (308) 698-0585
- ◆ McCook HH and Hospice: (308) 344-8356 Fax (308) 344-8336
- ◆ ruralMED/Lexington: (308) 324-8300 or (308) 995-4375 Fax: (308) 995-4548 (covers Cambridge)

HOUSING AGENCY

- ◆ Indianola Housing Authority (Valley View): (308) 364-2423
- ◆ McCook Housing Agency: (308) 345-3605
- ◆ Parkside Manor Cambridge: (308) 697-3819
- ◆ Sunshine Village Arapahoe: (308) 962-7669

IN-HOME CAREGIVERS

- ◆ Home Instead: North Platte (308)532-3960
- ◆ Help at Home: (308) 962-7556
- ◆ KB Home Care: (308) 350-1008

MEALS ON WHEELS

- ◆ Cambridge: (308)-6973329
- ◆ Arapahoe: (308)962-6597
- ◆ McCook- Senior Center: (308) 345-1760

MENTAL HEALTH SERVICES (see also **Alcohol and Drug Abuse Services**)

Substance Abuse and Mental Health Services Administration home page <http://www.samhsa.com>

SAMHSA to help find treatment facilities.

Nebraska Mental Health Advocacy Program- (800) 836-7660

- ◆ Ambience Counseling: (308) 345-4067
- ◆ Senior Life Solutions-Tri Valley Health System (308) 697-1299
- ◆ Christian Counseling (male therapists available): (308) 345-4880
- ◆ Center for Psychiatric Services 135 East 31st St., Kearney- centerforpsychsrvs.org: (308) 234-6029 (children mental health, psychosis, support groups)
- ◆ Great Plains Psych/Behavioral Services Inpatient, North Platte: (308) 696-7270
- ◆ Heartland Counseling, McCook: (308) 345-2770 North Platte: (308) 534-6029
Lexington: (308) 324-6754
- ◆ South Central Community Mental Health, Holdrege: (308) 995-6597
- ◆ Counseling Toward Hope - 710 Burlington St, Holdrege: (308) 995-6691
- ◆ Lutheran Family Services-Lexington: (308) 324-6400

- ◆ Medicine Creek Counseling: (308) 737-3051
- ◆ Mid Plains Center for Behavioral Healthcare – Grand Island: (308) 385-5250
CRISIS LINE (800) 515-3326
- ◆ High Plains Mental Health Center, Norton: (785) 877-5141
- ◆ Region II Services McCook: (308) 345-2270, Lexington (308) 324-6754
CRISIS LINE (308) 324-7200
- ◆ Region III- Kearney: (308) 237-5113 (Professional Partner Program- services for youth and family)
- ◆ Rural Resource Hotline: (800) 464-0258 (offers free counseling vouchers for rural residents)
- ◆ The Counseling & Enrichment Center-Several offices: (800) 689-0945
- ◆ Clinical Psychologist
Rebecca Schroeder Curtis: (308) 367-4141
Dave Mellenger LPC: (308) 237-5021, Cell: (308) 440-0329
Dr. Michael Renner, Kearney: (308) 865-2767

Psychiatric Services

- ◆ Mary Lanning Behavioral Services Unit, Hastings: (402) 463-7711
Inpatient services: (402) 463-4521 *Social Work Behavioral Services Unit: (402) 463-5973
- ◆ Magellan Admission Screening: (800) 424-0333 (Manages State funded Placements -- Medicaid)
- ◆ Richard Young Hospital, Kearney: (308) 865-2000 Fax: (308) 865-2927 (For EPC's- mental health only, no drug/alcohol, no children under 13)
- ◆ Great Plains Psych/Behavioral Services, North Platte: (308) 696-7270
- ◆ Dr. Ron Zedek, North Platte: (308) 534-7822
- ◆ Lutheran Family Service, 322 ½ Norris Ave. McCook: (308) 345-7914
- ◆ Mitchell County-Special Care Unit, Beloit KS, (acute care for geriatrics): (785) 738-9140
Fax (308) 738-9146
- ◆ Barbara Peeks, Master in Counseling, North Platte and McCook Hospital
- ◆ Williams and Sullivan Psychologist North Platte
- ◆ UNMC Geriatric Psychiatry- outpatient: (402) 552-6007 Fax: (402) 552-6247
Dr. Thomas Magnuson After hours: (402) 559-4000 Weekends: (402) 559-7100 (crisis line)
- ◆ Geriatric Psych Unit (LTC) Beloit, KS: (785) 738-9140 Dr. Baker
- ◆ Youth (<16 yrs old) Inpatient – BrianLGH Counseling Center: (402) 481-5991
- ◆ Pioneer House Day Rehab – McCook: (308) 345-2770, (308) 350-2886 (Renae Gardner)
- ◆ Frontier House Day Rehab – North Platte: (308) 534-0440

MENTAL HEALTH- ACUTE/PSYCH CARE (55 years & older)

- ◆ Fillmore Co. Hospital- Geneva: (402)759-3192
- ◆ Mitchell Co. Special Care Unit- Beloit, KS: (785) 738-9140
- ◆ Fremont Behavioral Health: (402) 941-7850
- ◆ Immanuel Inpatient Psychiatric Care- Omaha: (402) 572-2534
- ◆ Faith Regional Inpatient Psychiatric Care- Norfolk: (402) 371-4880
- ◆ Mary Lanning Behavioral Health Unit- Hastings: (402) 463-4521 or (402) 463-5973 (SW)
- ◆ Great Plains Psychiatric Care- North Platte: (308) 696-7270

MENTAL RETARDATION SERVICES

- ◆ Developments Disabilities (Medicaid) McCook: (308) 345-8460, Nancy Campbell: (308) 345-8443
- ◆ Kay Wolfe, QMRP, Kearney: (308) 234-4129
- ◆ Bethphage Missions, Axtell: (308) 743-2401
- ◆ Mid Nebraska Individual Services, Oxford: (308) 824-3283
- ◆ SW Area Training Center, McCook: (308) 345-1530
- ◆ Martin Luther Homes of Beatrice: (402) 223-4066

MORTUARYS

- ◆ Lockenour-Jones Mortuary, Cambridge: (308) 697-3838
- ◆ Williamson/Wenburg Funeral Home, Arapahoe: (308) 962-7940
- ◆ Carpenter-Breland, McCook: (308) 345-3838
- ◆ Hermann Funeral Home, McCook: (308) 345-3000
- ◆ Wetzel Funeral Home, Curtis: (308) 367-4177

MULTIPLE SCLEROSIS SOCIETY

- ◆ Omaha: (402) 345-9026

MUSCULAR DYSTROPHY AND ALS

- ◆ Omaha: (402) 393-7866

NE DEPT OF HEALTH AND HUMAN SERVICES

Apply online:

www.dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Access Nebraska: (800) 383-4278

- ◆ McCook Office- PO Box 1177 / 108 W D Street: (800) 778-1612, (308) 345-8420 Fax: (308) 345-8444
- ◆ McCook Developmental Disabilities- Nancy Campbell: (308) 345-8460, (308) 345 8443 Fax: (308) 345-8444
- ◆ Community Action Partnership, McCook: Barb Ostrum: (308) 345-1187
- ◆ Lexington Office: (308) 324-6633
- ◆ North Platte Office: (308) 535-8200
- ◆ Imperial: (877) 272-6907 or (308) 882-4791 (Debbie Cox)
- ◆ "Money Follows the person Program" www.ddhs.ne.gov/med/nmfp/Eligibility.htm.
- ◆ NE Medicaid Eligibility System: (800) 642-6092
- ◆ NE Resource & Referral System <http://hrrs.ne.gov>
- ◆ SSB (Skilled Medicaid approval): (402) 471-9384
- ◆ DHHS Pharmacy St Dept.- Barb Mart: (402) 471-9301
- ◆ Psychiatric Therapy Needs (Medicaid)- Magellan: (800) 424-0333
- ◆ Medicaid Transportation- IntelliRide: (844) 531-3783 Client Line: (402) 401-6999

NE DEPT of MOTOR VEHICLES

- ◆ Examiners office for "Administrative Revocation": (402) 471-2281 Fax: (402) 471-4020 (Need MD request on letterhead with patient name and DOB, occurrences, reason for recommending no driving and duration.) Form available online.

NURSING FACILITIES (by town)

- ◆ Alma- Colonial Villa Good Sam Center: (308) 928-2128 Fax: (308) 928-2012
- ◆ Beloit, KS- Geri Behavioral Service (Dr. Baker): (785) 738-9140 Fax: (785) 738-9146
- ◆ Beaver City- Beaver City Manor (308) 268-5111 Fax: (308) 268-6006
- ◆ Benkelman-Hester Memorial Home: (308) 423-2179
- ◆ Bertrand- Bertrand Nursing Home: (308) 472-3341 Fax: (308) 472-5356
- ◆ Broken Bow- Jenny Mulheim Memorial Hospital LTC: (308) 872-6891
- ◆ Cozad- Southview Manor: (308) 784-3715 (Spec Unit) (VA)
- ◆ Douglas Co Health Center, LTC and Behavioral Services- (402) 444-7000
- ◆ Elwood- Elwood Care Center: (308) 785-3302 Fax: (308) 785-3303
- ◆ Franklin- Golden Age Village: (308) 425-6848
- ◆ Fullerton Manor (Behavioral Probs): (308) 536-2488
- ◆ Hilltop Estates: (308) 537-7138 Hospital/LTC: (308) 537-3661
- ◆ Holdrege- Christian Homes: (308) 995-4493
- ◆ Holdrege Memorial Homes: (308) 995-8631 Fax: (308) 995-8636
- ◆ Imperial Manor: (308) 882-5333
- ◆ Kearney- Mother Hull: (308) 234-2447, Mount Carmel: (308) 237-2287 St. Johns: (308) 234-1888 St. Lukes: (308) 237-3108
- ◆ Lexington- Plum Creek Home: (308) 324-5531 (ALF, Special Needs Unit, Jan Gall, SW)
- ◆ McCook-Hillcrest Nursing Home: (308) 345-4600 Fax: (308) 345-4737 (ALF, Special Needs Unit)
- ◆ North Platte- Lindon Manor: (308) 532-5774 (Special Care Unit)
Centennial Park: (308) 534-7000 North Platte Care Center: (308) 534-2200
- ◆ Oberlin- Decatur County Cedar Living: (785) 475-2276
Good Samaritan Center: (785) 475-2245 Fax: (785) 475-2404
- ◆ Omaha- Quality Living Inc. (rehab and job skills training): (402) 573-3700
- ◆ Wauneta- Heritage of Wauneta: (308) 394-5738

NOTE: Placement Services for Beverly Health Care is now Golden Gate Placement: (866) 423-6487

OPTOMETRY

- ◆ Geiger, Dietz, & Greise, Ophthalmology, McCook: (308) 345-5005 or Hastings: (800) 467-9007
- ◆ Jester, Jensen, & Shefte- Kearney Eye Associates: (308) 237-5105
- ◆ Belville- Vondrak Eye Care and Surgery, McCook: (308) 345-7272 or Hastings: (800) 678-7141
- ◆ Dr. Moomey, Optometrist, Lexington
- ◆ Lifetime Eyecare – Drs. Stamm and Gray, McCook: (308)345-5802
- ◆ Drs. Tim or Greg Burrows, McCook- (308) 345-2954
- ◆ Dr. JC Welch (Retina Center), Hastings: (800) 350-4611 North Platte: (308) 532-3937

ORTHOPEDIC DEVICES

- ◆ Hangar Prosthetics: (308) 234-6331

PASRR (ID screen for MR/MI nursing home admit)

https://www.ascendami.com/userManagement/?loc=/Nebraska/client_list.aspx (877) 431-1388 ext 3341

PARENT ASSISTANCE HOTLINE (800) 642-9909

PATERNITY TESTING- DNA Paternity testing www.DNAcenter.com

*McCook lab can perform test.

PHARMACY

- ◆ Mark's Pharmacy, Cambridge: (308) 697-3400 Fax: (308) 697-3401
- ◆ Arapahoe Pharmacy, Arapahoe: (308) 962-7895 Fax: (308) 962-7886
- ◆ Farrells of McCook: (800) 658-4279 or (308) 345-3967 Fax: (308) 345-3967
- ◆ U-Save of McCook: (800) 658-4207 or (308) 345-5670 Fax: (308) 345-5676
- ◆ Walmart of McCook: (308) 345-7024 Fax: (308) 345-8039

PHYSICAL THERAPY

- ◆ SW Ne Physical Therapy, Arapahoe: (308) 962-8435 Cambridge: (308) 697-3002 (Cribelli)
McCook: (308) 345-8383 Fax: (308) 345-8358
- ◆ INSPIRE Rehab: Kyle Minnick: (308) 697-1463, (308) 697-4178
- ◆ New West- Holdrege: (308) 995-2865

PODIATRIST

- ◆ Dr. Robert Hinze, High Plains Podiatry, McCook: (308) 345-3773 (877) 345-3668 (does not accept Medicaid)

REHABILITATION CENTERS

- ◆ Aurora, CO. Rocky Mt. Rehab Institute: (800) 367-3309 Admissions: (303) 367-3300
- ◆ Craig Rehab Center Englewood, CO: (303) 789-8344
- ◆ Denver, CO. Heritage Rehab Center: (303) 534-5968
- ◆ Northern Valley Rehab Hospital Thornton, CO: (303) 286-5000 Admissions: (303) 827-8056
(Acute Brain Injury, Vent weaning, Pulmonary Rehab, Geriatric Psych)
- ◆ Hastings Mary Lanning (11-bed acute rehab): (402) 460-5662 Fax: (402) 460-5783, Melissa Nelson
- ◆ Kearney, Physical Medicine and Rehab: (308) 865-7240 Fax: (308) 865-2947
- ◆ Lincoln, Madonna Center: (800)-676-5448 Admissions Fax (402) 486-8368
Bryan acute rehab unit.
- ◆ Omaha, Immanuel Physical Medicine and Rehab: (402) 572-2295
- ◆ Omaha, Quality Living Inc.: (402) 573-3700
- ◆ Overland Park, KS-Mid America Rehab Hospital: (913) 491-2400
- ◆ Spalding Rehab- Denver
- ◆ Nebraska Agribility: (800) 471-6425 or Hastings: (402) 462-1912

RESPIRE – NE Respite Network: (866) 737-7483 McCook: (308) 345-4990

RETIREMENT CENTERS

- ◆ Heritage Plaza, Cambridge: (308) 697-4644 (apartments available for all ages)

- ◆ Prairie Pines, Arapahoe: (308) 962-7724

SENIOR CENTERS

- ◆ Arapahoe: (308) 962-5340
- ◆ Cambridge: (308) 697-4889
- ◆ McCook, Heritage Sr. Center: (308) 345-1760

SOCIAL SECURITY ADMINISTRATION

- ◆ North Platte: (800) 772-1213 Fax: (308)-532-3414
- ◆ Fraud Hotline: (800)-269-0271

Soc Sec and Disability NEWs Resource Center

www.ssdrc.com

SPEECH THERAPY

- ◆ Hability Solutions, Kearney- Teresa Runstrum: Office: (888) 814-3238 Cell: (308) 440-8648
Bill Sinnard, Manager cell: (308) 440-4640
- ◆ Community Hospital, McCook: (308) 344-8285 (scheduling) Kim VanPelt
- ◆ New West- Holdrege: (308) 995-2865

SUICIDE HOTLINES & RESOURCES

- Girls & Boys Town National Hotline- (800) 448-3000
- National Hopeline Network- 1-800-suicide (784-2433)
- National Suicide Prevention Hotline 800-273-TALK
- The Trevor Project LGBTQ Suicide Hotline- 866-4-U-TREVOR
- Nebraska Suicide & Crisis website- suicidehotlines.com/Nebraska
- USA National Suicide Hotline- TTY 1-800-799-4TTY

TALKING BOOKS

- ◆ Lincoln: (800) 742-7691

TRANSPORTATION (Public)

- ◆ Dashabout: (800) 720-3274
- ◆ Epply Express: (800) 888-9793
- ◆ McCook Handibus: (308) 345-6098
- ◆ Hitch & Hay Stratton, NE: (308) 276-2182
- ◆ TVHS Handibus: (308) 697-1164 Cell: (308) 340-6108
- ◆ Medicaid Transportation- IntelliRide: (844) 531-3783 (Client Line (402) 401-6999)

VETERAN'S ADMINISTRATION- for authorizations (ER) 402-995-3250

- ◆ Grand Island Vet. Med Center- (866) 580-1810
- ◆ GI Services- Cindy Hansen: (866) 580-1810 ext 9-2044
GI Co-Mngd Care: (866) 580-1810 Fax: (308) 385-2738 (*for Inpatient Vet's who get their meds from VA*)
- ◆ Lincoln VA Regional Office: (800)-827-1000
- ◆ Omaha VA: (800) 451-3249 or (800) 451-3250
Administrative Duty Officer (24hrs call) (402) 346-8800
S.W. Ext 3166 **Business office** Ext 3250 Fax: (402) 599-2147
Bed Coordinator: (402)995-3225 or (402) 995-3104, Transition care (402) 995-3545
- ◆ McCook: (308) 345-2385 (Tom Stritt, VA officer)
- ◆ Holdrege, Art Johnson, Service Officer 715 5th Ave Courthouse / Holdrege: (308) 995-4166
Cell: (308) 991-6151 Home: (308) 995-5580
- ◆ Holdrege VA Clinic: (308) 995-3760 Fax: (308) 995-3775
- ◆ North Platte VA Clinic: (308) 532-6906
- ◆ VA Shuttle: (800) 720-3274 Pickup time Mon & Fri 0640, Tue, Wed, & Thurs 0910 @ Casey's
- ◆ Crisis Line 1-800-273-8255 (press 1 for Veterans)

VISUALLY IMPAIRED VIPS North Platte: (308) 534-6780

NE SERVICES FOR VISUALLY IMPAIRED

- ◆ North Platte: (308) 535-8170 Kearney: (308) 865-5441

VOCATIONAL REHABILITATION

- ◆ Kearney, Keri Bennett: (308) 865-5012, (800) 262-3382
- ◆ North Platte: (308) 535-8110
- ◆ McCook- 219 W B St: (308) 345-8455
- ◆ Assistive Technology Partnership –315 W 60th Suite 300 Kearney: (800) 683-6699
Can asst with ramps, chairs, w/c, grab bars, etc.

WIC- McCook (offers free manual breast pumps): (308) 345-3088

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2022- 2024 for IP & OP – Furnas County, NE

Nebraska Hospital Information System	
Selected Counties : Furnas County Outpatients- All Ages	
NHA Patient Origin Reports by Hospital	05/01/2021 - 04/30/2022
	Discharges
OP Totals - YR 2022	33,067
Holdrege - Phelps Memorial Health	20,543
Cambridge - Tri Valley Health System	7,641
% of patients receiving care at home	23.1%
Kearney - Kearney Regional Medical	837
McCook - Community Hospital	794
Kearney - CHI Health Good Samaritan	762
Alma - Harlan County Health System	640
Omaha - Nebraska Medicine - Nebraska	584
North Platte - Great Plains Health	355
Omaha - Children's Hospital and	147
Lincoln - Bryan Medical Center	98
Others	666

NHA Patient Origin Reports by Hospital	05/01/2022- 04/30/23
	Discharges
OP Totals - Yr 2023	20,367
Cambridge - Tri Valley Health System	10,277
% of patients receiving care at home	50.5%
Holdrege - Phelps Memorial Health	4,417
McCook - Community Hospital	1,035
Kearney - Kearney Regional Medical	812
Omaha - Nebraska Medicine - Nebraska	798
Kearney - CHI Health Good Samaritan	720
North Platte - Great Plains Health	366
Hastings - Mary Lanning HealthCare	76
Lincoln - Bryan Medical Center	74
Others	1,792

NHA Patient Origin Reports by Hospital	05/01/2023- 04/30/2024
	Discharges
OP Totals - YR 2024	18,644
Cambridge - Tri Valley Health System	9,479
% of patients receiving care at home	50.8%
Holdrege - Phelps Memorial Health	4,389
Alma - Harlan County Health System	1,057
Kearney - Kearney Regional Medical	925
McCook - Community Hospital	749
Omaha - Nebraska Medicine - Nebraska	568
Kearney - CHI Health Good Samaritan	495
North Platte - Great Plains Health	279
Lincoln - Bryan Medical Center	81
Hastings - Mary Lanning HealthCare	72
Others	550

Patient Origin History 2022- 2024 for IP & OP – Furnas County, NE

Nebraska Hospital Information System	
Selected Counties : Furnas County Inpatients- All Ages	
NHA Patient Origin Reports by Hospital	05/01/2021 - 04/30/2022
	Discharges
IP Totals - 2022	1126
Kearney - CHI Health Good Samaritan	304
Holdrege - Phelps Memorial Health	152
Kearney - Kearney Regional Medical	135
Omaha - Nebraska Medicine - Nebraska	124
Cambridge - Tri Valley Health System	107
% of patients receiving care at home	9.5%
Lincoln - Bryan Medical Center	86
Omaha - Children's Hospital and	24
North Platte - Great Plains Health	14
McCook - Community Hospital	12
Alma - Harlan County Health System	0
Others	168

NHA Patient Origin Reports by Hospital	05/01/2022- 04/30/23
	Discharges
IP Totals - 2023	955
Kearney - CHI Health Good Samaritan	253
Holdrege - Phelps Memorial Health	173
Kearney - Kearney Regional Medical	132
Cambridge - Tri Valley Health System	109
% of patients receiving care at home	11.4%
Omaha - Nebraska Medicine - Nebraska	86
Hastings - Mary Lanning HealthCare	54
Lincoln - Bryan Medical Center	31
McCook - Community Hospital	23
North Platte - Great Plains Health	7
Others	87

NHA Patient Origin Reports by Hospital	05/01/2023- 04/30/2024
	Discharges
IP Totals - 2024	1043
Kearney - CHI Health Good Samaritan	282
Kearney - Kearney Regional Medical	184
Holdrege - Phelps Memorial Health	131
Cambridge - Tri Valley Health System	106
% of patients receiving care at home	10.2%
Lincoln - Bryan Medical Center	82
Omaha - Nebraska Medicine - Nebraska	51
North Platte - Great Plains Health	33
Hastings - Mary Lanning HealthCare	31
McCook - Community Hospital	7
Alma - Harlan County Health System	4
Others	132

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Furnas Co, NE CHNA Town Hall 2/20/25 5:00-6:30pm N=12

15 RSVP, 12 Attendees, 44 Stakeholder Votes

#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Jordan	Clay	Tri Valley Health System
2	A		x	Trail	Joy	Southwest NE Public Health
3	A		x	Harris	Michael	Community
4	A		x	Kabik	Genny	School
5	B	xx	x	Miller	Jolene	Tri Valley Health System
6	B		x	Ebbers	Ross	Tri Valley Health System
7	B		x	Arambula	Lynette	Tri Valley Health System
8	B		x	McGowen	Jim	Hospital Board Member
9	C	xx	x	Kutnink	John	TVHS & City Council Member
10	C		x	Downer	Derek	Way Point Bank
11	C		x	Brown	Doug	Sheriff
12	C		x	Schaffer	Dora	TVHS

Tri Valley Health System Town Hall Event Notes

Date: 2/20/2025: 5:00 – 6:30 p.m. @Community Building Attendance: N=12

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- The community seeks care in North Platte, Carney, and Lincoln (Bryan) for care not received at Tri Valley Health System.
- Other than English, Spanish and South African is being spoken in Furnas Co.
- Vets are going to the clinic in Holdridge and Omaha.
- Income per capita is down (Generational farms)
- Broadband access has drastically increased. “99% of school kids in the county have internet access.”
- Tri Valley Health System increased outpatient services since 2022.
- The DOH is helping with preventative education on lead issues.
- Suicide in the county is a concern.
- The community believes that substance abuse is **both** alcohol and drugs. Alcohol, Meth, Fentanyl, Opioids, Vaping (Under 25), and Marijuana.
- STD rates are going up (syphilis specifically)
- The community is concerned about cancer, diabetes, and heart disease.
- The community believes that the uninsured rate is higher than 10% in Furnas County.
- Access to exercise opportunities is incorrect, “Arapahoe Rehab & Fitness” recently opened.
- Hospital mammogram numbers have increased. Some providers are screening biannually.
- Furnas County has sufficient access to transportation.

What is coming/occurring that will affect health in the community:

- Reimbursement and Administration changes coming

Things going well for healthcare in the community:

- Community resources and partnerships
- Medical access (providers, emergency, ambulance)
- Quality of care (taken care of and outcomes)
- Transportation

Areas to improve or change in the community:

- | | | |
|---------------------|-----------------------|-------------------|
| • Cancer | • Mental Health | • Skilled Care |
| • Child Care | (Providers, | (Nursing Home |
| (Affordable and | Treatment, Diag, | Access) |
| Accessible) | Aftercare) | • Substance Abuse |
| • Dental (Accepting | • Poverty | (Vaping, Alcohol, |
| Medicaid) | • Preventative Health | and Drugs) |
| • Home Health | (Obesity) | |
| • Housing (Safe & | • Provider (Male | |
| Affordable) | MD/DO) | |
| | • School Health | |

Round #5 CHNA - Community Hospital - TriValley KS PSA			
Town Hall Conversation - Strengths (Big White Cards) N=12			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
6	Access to care	8	Preception of services available
1	Access to healthcare	4	Primary care
7	Access to healthcare	9	Providers and staff
5	Access to healthy food/grocery store	4	Public transportation
11	Access to quality healthcare	5	Public transportation
2	Ambulance response	6	Public transportation
11	Ambulance/EMT	7	Public transportation
11	Birth rate	8	Public transportation
6	Broad band	7	Quality nurses/medical staff
6	Child care	1	Quality of care
8	Community facilities	2	Quality of care
10	Community resources	6	Quality of care
9	Education - graduation rates	8	Quality of care
9	Emergency services/ambulance	9	Quality of care
5	EMTs/Fire	5	School system - aging building
10	Facilities hospital	1	Schools
2	Health outcomes	11	Socio - economic
5	Healthcare system - access to care	10	Spiritual choices
8	Improved access to some specialties	1	Transportation
2	Medical access	2	Transportation
3	Medical access	9	Transportation
7	Number/variety of specialists	11	Transportation
4	OB care/providers	1	Volunteer services
7	OB providers	3	Volunteer services
10	Physical fitness facility		

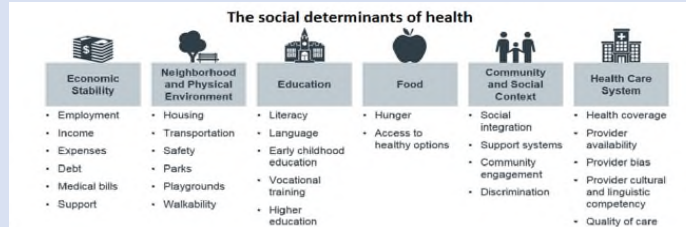
Round #5 CHNA - Community Hospital - TriValley KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 12

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
8	Affordable housing/purchase and rentals	4	Increased mental health services
9	Alcohol abuse	10	Male provider
1	Cancer	8	Mental health
11	Cancer	5	Mental health care
3	Care for aging population	6	Mental health care
1	Childcare	10	Mental health for young adults and older adults
5	Childcare	3	Mental/behavioral health care
6	Childcare	7	MLT access and treatment
8	Childcare	2	More mental health providers
11	Childcare	8	Need male family practice provider/OB
2	Community assistance help line	5	Neglect and isolation/loneliness
3	Dental care	6	Nursing home care
6	Dental care (for medicaid)	9	Obesity
10	Dentists who accept medicaid	3	Obesity/diabetes/wellness
1	Food insecurity - access to healthy food	5	Poverty
1	Health education - nutrition,obesity	6	Poverty
7	Healthy eating - living	9	Poverty
2	Home health care	9	Providers (Doctors)
3	Housing	11	School health
9	Housing	8	Senior living/nursing home
11	Housing	11	Smoking/vaping
1	Housing - safe and affordable	10	Uninsured
5	Housing affordable	8	Urology needed
4	Improved access to cancer care	10	Vaping
4	Increas PCP visits	7	Vaping education
4	Increased access to specialists	4	Wellness programs (obesity)

Round #5 CHNA - Community Hospital - TriValley KS PSA

Social Determinants "A" Card Themes (N = 12 with 22 Votes): E=5, N=2, ED=3, C=7, F=0 & P=5



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
2	C	Community/social context	9	E	Economic stability
4	C	Community/social context	1	ED	Education Access
7	C	Community/social context	2	ED	Education access
8	C	Community/social context	3	ED	Education access
10	C	Community/social context	9	N	Built environment
5	C	Social	11	N	Neighborhood
1	C	Social Context	11	P	Healthcare
5	E	Economic	7	P	Healthcare access
6	E	Economic	10	P	Healthcare access
8	E	Economic	3	P	Healthcare access and quality
4	E	Economic stability	6	P	Healthcare access and quality

EMAIL Request to CHNA Stakeholders

From: Clay Jordan

Date: 11/1/2024

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Round #5 Community Online Feedback Survey – Furnas Co. NE

Tri Valley Health System – Furnas County, NE; will be working with other area providers over the next few months to update the 2025 Furnas County, NE Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Furnas County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2013, 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/CHNA2025_CambridgeMemorial_FurnasCoNE

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by December 6th, 2024**. All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, February 20th, 2025 for dinner from 5-6:30pm at Cambridge Community Building**. This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call [\(308\) 697-3329](tel:3086973329)

Thank you for your time and participation.

PR#1 News Release

Local Contact: Jolene Miller

Media Release: 11/1/2024

Tri Valley Health System is seeking community input on local conditions that impact health in our area for their 2025 Community Health Needs Assessment.

Over the next few months, **Tri Valley Health System** will be working together with other area community leaders to update the Furnas County 2025 Community Health Needs Assessment (CHNA). Today we are requesting Furnas County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2013, 2016, 2019, and 2022 while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting Cambridge Memorial Hospital website and/or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **December 6th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, February 20th, 2025, for dinner from 5pm-6:30pm at the Cambridge Community Building**. Your input is valuable to help us meet the health needs of our area. Please plan on attending.

If you have any questions regarding CHNA activities, please call 308-697-1123

EMAIL #2 Request Message

From: Clay Jordan

Date: 12/27/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Furnas County Community Health Needs Assessment Town Hall dinner– February 20, 2025

Tri Valley Health System will host a Town Hall Community Health Needs Assessment (CHNA) on Thursday February 20th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Furnas Co, NE. **Note: This event will be held on Thursday, February 20th from 5:00 p.m. - 6:30 p.m. at the Community Center.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/FurnasCoNE_TownHallRSVP



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (308) 697-3329.

Join Tri Valley Health System's CHNA Town Hall Thursday, February 20, 2025.

Media Release: 12/27/24

To gauge the overall community health needs of residents, **Tri Valley Health System**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on Thursday, **February 20th for dinner from 5:00 p.m. to 6:30 p.m.** located at **the Community Center**.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on February 20th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (308) 697-3329

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Tri Valley PSA (N=134)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1020	69022	Very Good	CLIN	MH		Many Clinics are adding a mental health provider in their clinics.
1003	68922	Very Good	CULT	POV	DRUG	Migrants. Poverty. Substance abuse
1054	68922	Very Good	DOH	INSU	RESO	Presence/visibility w/in ALL communities on high public health needs - screening and immunizations. Support for insurance access and navigation of available programs for low resource individuals. Increased local access to mental health counseling and psychiatry services locally.
1088	69020	Very Good	ECON	HOUS	EDU	need more and better paying job opportunities ... need more single family and affordable housing ... the educational programs provided need to be evening programs... not everyone lives and works near the hospital and can take off work during the day to attend...
1015	69001	Very Good	EDU	TRAN	SPRT	I feel like needs such as environment, education, transportation and access to community support are all being met, it's just some lack of action/willingness on pt's part.
1072	69022	Good	FINA	ACC	TRAV	It is too expensive to live in Cambridge for what few amenities are offered. I have to drive to a larger city for clothes or shoes and gas isn't getting any cheaper.
1085	69022	Very Good	FINA	MH		Knowledge of affordable mental health care
1089	68948	Good	FIT	REC	INSU	Sponsoring healthy exercise initiatives. Walking 5Ks or exercise stations on walking tracks. Insurance education so people are aware of what services are no cost
1013	69022	Good	FUND	ECON	SPRT	Somehow I wish we could utilize more Non-profit funds to address economic instability and access to needed support/services. I'm not sure who would oversee this but we have a fairly wealthy community and people want to help but don't have a way to funnel funds to the right place. I like the recent "give big" funding event and maybe that is a direction to use more. I've always thought that using non profit funds for access to mental health would be so great and wise. Most people cannot afford these services even with insurance and that prevents them from getting the care they need timely.
1057	68922	Very Good	HOUS	CC		Affordable, safe housing (both ownership and rentals) are problematic, as well as quality child care.
1073	69046	Good	HOUS	ECON	CC	more rental properties are needed; manufacturing plants to offer more jobs; affordable day care; access to nursing home beds if needed
1004	69046	Good	HOUS	FINA	NUTR	need for rental properties as not everyone can afford to buy; affordable healthy foods such as fr
1062		Very Good	HOUS	TRAN	SERV	I think housing is an issue almost everywhere right now so we are lacking there as well. Our public transportation service through TVHS is a huge asset and I believe it stays very busy.
1129	69022	Average	HOUS			Affordable housing should be a priority
1083	69022	Very Good	NUTR	FINA	INSU	I honestly don't. We can't control food prices, healthcare costs, insurance costs...those are things I feel we cannot control. So, when families shop for healthy food, they will pay more unfortunately. So the unhealthy foods are cheaper, but then lead to health problems/being overweight. It's due to increased prices of everything.
1082	69022	Average	NUTR	HOUS	ECON	There are very limited healthy eating options to "grab and go" in our town. Rental properties and housing in Cambridge is out of control do to the "rich doctors spouses" in Cambridge that buy houses and buildings to just let sit vacant with their crap in them. There is no reason that houses in a town of 1100 people a run down dump is \$100,000 plus.
1081	69022	Good	REC	FIT	ACC	I would like to see more biking/running/walking trails with lighting in our community. This would promote accessible outdoor fitness opportunities. I would like to see all neighborhoods in our community be more connected through the addition of trails that are safe for all ages to enjoy.
1028	68922	Very Good	RESO	AWARE	RURAL	The resources that are available to this area are limited, they also vary by city/community. I don't think that the public is aware of the issues that some in our community are facing. There is a gap in rural areas where patients don't know where they can get assistance or who to contact for help.
1086		Very Good	SAFE	FINA	INSU	Regarding #2 in recent years= increase in crime, cost of living, inflation, insurance costs makes most people not afford medications and out of pocket medical costs.
1109	69022	Good	SPRT	HOUS	SERV	Cambridge is a thriving community, but does not offer many social opportunities for families, teens, or adults. We have two restaurants but that is really it for entertainment unless you want to attend something at the school. To incentivize people to come here from urban areas (physician/nurse recruitment, teacher recruitment, etc.) there need to be activities available. There is also a lack of turn-key housing and rentals are few and far between. Apartment or condo buildings would be a great step toward bringing back or retaining youth and available housing needs are slim. There is the added value of the free lots east of town, but good luck finding a builder. I do believe Cambridge works together well when there is an idea or someone that needs help, case in point, the all-inclusive playground. Wonderful idea and a great addition to the park and the community has rallied around it. There needs to be more support for those seeking services such as help with housing, help applying for aid through the state and understanding what everything means, even what programs they may be eligible for. You have to go to McCook to get these services and for many people that is not an option.
1021	69022	Very Good	TRAN	SERV		TVHS does an excellent job with transportation needs. Would be neat if TVHS put on a concert like MCH does.

CHNA 2025 Community Feedback: Tri Valley PSA (N=134)

ID	Zip	Rating	c1	c2	c3	Q4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.
1050	69022	Good	ACC	CLIN		Love to have the option of intown health.
1021	69022	Very Good	ACC	FAC	DOH	TVHS is a great place for healthcare and be employed. Public health needs improvement.
1030	69034	Good	ACC	PRIM		there are several options for PCP but need to have a male PCP option
1054	68922	Very Good	ACC	RURAL		fairly good access for such a rural area
1020	69022	Very Good	ACC	SERV	DOCS	Overall, very complete with a variety of options. Need a couple of male providers in Cambridge.
1044	67654	Very Good	ACC	SERV		I think the community is very trusting of our current healthcare options
1004	69046	Good	ACC	SPEC		Good healthcare, easy accessible, but specialists are limited--need more of a variety
1091	69022	Good	BILL			Good billing needs much improvement
1013	69022	Good	CLIN	ACC	DOH	Seems to be good and most residents are grateful for having our hospital and clinic in town as an option. I don't see much public health visibility in our community.
1045	69022	Average	DOCS	ACC		This community needs more male physicians.
1082	69022	Average	DOCS	APP	SCH	We need a male MD provider. Though I do appreciate what we do have Dr Deaver will leave a huge hole in the system. We do have a huge problem of appointments that are made and then you still wait in the waiting room for what has been over a hour.
1090		Very Good	DOCS	CLIN	SERV	Good healthcare with skilled PAs and doctors. We appreciate the walk in feature. I'm not aware of public health for the community. Many are so thankful for local services and the specialists coming even if it's once a month or longer.
1061	69022	Good	DOCS	DENT	PHAR	Tri Valley is great and provides great healthcare. We also have a great dentist and pharmacy. So overall the big picture our healthcare is good especially for a small rural area. However, we have so big gaps in mental health and in senior care. I am also very concerned about the lack of a male provider for all of the male patients in our area.
1073	69046	Good	DOCS	DOH	MH	Doctors and hospital care is easily acc. Public health; mental health & other services are not found right here, but can gotten in nearby areas
1111	69020	Good	DOCS	DOH	SERV	Hospital - great Doctors - not enough and can take weeks to get in for routine care. The need is great for doctors who deliver babies. Advanced practice - they really do a great job and are much appreciated in our community. Public health - haven't heard of any service of this type.
1084	69022	Poor	DOCS	TRAV		That you are better off finding a dr. In kearney
1038		Very Good	DOCS			Excellent health care and doctors for a small town
1085	69022	Very Good	EMER	IP	STFF	Furnas County has an outstanding hospital. Cambridge's Emergency Room and in-patient care services have well-equipped facilities and knowledgeable, accommodating staff.
1015	69001	Very Good	EMER	QUAL		We have a timely and competent ER staff and providers. As a previous patient of the ER and speaking to other patients that have gone to the TVHS ER, we can collectively agree that Tri Valley provides some of the best ER care in a timely manner. This is comparing to surrounding ER facilities.
1114	69022	Very Poor	FAC	FINA	BILL	I am over Tri Valley being a holding facility until they can ship you off to a better hospital. I am also sick of the money grubbing from them- they force you to go through their doctors to be able to see a special which is nothing more than double billing.
1036	69022	Good	FAC	OBG	DOCS	For a smaller community we have an equipped hospital. We would benefit having an additional OB MD and a male physician.
1095	69022	Very Good	FAC	STFF		Cambridge and Furnas Co are lucky to have a nice facility and staff for their health care needs.
1007	69001	Very Good	FINA	RESO	SERV	Love the discounted healthfair laboratory option.
1019	69022	Very Good	NH	TRAV	MH	need a closer nursing home so families do not have to travel over 50 miles to see their loved ones and we need orderlies back to lift those patients also do not need to be putting mental patents into assisted living facilities. We have good doctors here in cambridge but we do need a few for relief.
1105	69022	Average	NH	TRAV	PEDS	Adult health care is fine. However health care for elderly and children greatly need improvement. You have to travel over 2 hour to see a pediatric provider.
1055	69001	Very Good	QUAL	BED		Tri Valley has always done a good job caring for my family. I drive from McCook to see the doctor's at Tri Valley. They care about us and we are more than numbers, we are family.
1028	68922	Very Good	QUAL	MH	SERV	I think that overall we have very good medical care in Furnas Co. I believe that we could improve our mental health services.
1083	69022	Very Good	QUAL	RURAL	SPEC	We are very lucky to have such quality healthcare in our small town. Also, the visiting specialists are wonderful and so convenient.
1068	69822	Good	QUAL	RURAL		We have very good health care delivery for a rural Nebraska area.
1023		Very Good	QUAL	SCAN	TRAV	very good. No MRI in local area. only available once a week or less. OR drive an hour away...
1003	68922	Very Good	QUAL	SERV	DOH	I feel as a whole we have excellent health care but limited in some areas because we have part time services. Public health seems limited in services in Furnas County
1107	68948	Very Good	QUAL	SERV	STFF	I feel our healthcare delivery in our community is excellent. I feel very fortunate to live in this area and have the services we need available so close to home. The specialties who come in are top of the line. Our medical staff are quick to send us on to Kearney or beyond when needed. We are in great hands in our rural community.
1027	68949	Very Good	QUAL	SERV	STFF	Very strong. A lot of people trust in the hospital and services.

CHNA 2025 Community Feedback: Tri Valley PSA (N=134)

ID	Zip	Rating	c1	c2	c3	Q4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.
1065	69022	Very Good	QUAL	SERV		The general perception of healthcare in our community is very good. We are lucky to have the services we have in our area.
1089	68948	Good	QUAL	SPEC	TRAV	Pretty good. The hospital has worked hard to get specialists so patients don't have to travel long distances. I'm sure there are also public initiatives but I'm not familiar with them
1076		Good	QUAL			good
1094		Very Good	QUAL			Good
1121	69022	Good	QUAL			Good.
1006	69046	Very Good	QUAL			Great
1081	69022	Good	QUAL			I think the general perception of the healthcare in our community is good and it is appreciated that we have it here.
1009		Good	QUAL			It is good
1010	67739	Good	QUAL			It is good
1086		Very Good	QUAL			very good.
1128	69001	Average	RESO	EQUIP	EMER	I do believe that our community appreciates the resources that we have available, but there is definitely room for improvement. Our hospital doesn't seem to be equipped with the resources for major emergencies... and our patients sometimes have to travel for things that should be basics in healthcare.
1053	69022	Very Good	RURAL	SPEC	PRIM	I think in general it is good for such a rural area, however it can improve. I think we do well at bringing specialist in. Our primary providers are awesome. Some services are still limited though. Some of our specialist it can take weeks to get into.
1116	68922	Average	RURAL			Very good for such rural communities
1103	69034	Very Good	SCH	ACC	QUAL	They have always been ready to help me when I call first appointments or lab results or what have ya. I am treated like a human.
1134		Good	SERV	ACC	DOCS	Tri Valley Health System does a wonderful job currently at providing healthcare services, very concerned about not having a male healthcare provider
1041	69022	Very Good	SERV	ACC		For the most part healthcare services are very good in our community. For a community this size we have a lot of services.
1066	69022	Very Good	SERV	ACC		TVHS offers a wide variety of healthcare services. Helpful to have services so close to home.
1074	69034	Good	SERV	QUAL	FAC	I feel the local hospitals try to reach out to the community and provide services to the best of their ability. It would be really awesome if the hospitals would work together better since we all should have the same goal of keeping people safe and healthy.
1059	69022	Very Good	SERV	QUAL		I hear in the community that people are extremely pleased with the services. They receive right now and are thankful that we have healthcare so close.
1048	69022	Very Good	SERV			For a small community we have a lot of healthcare services provided locally.
1129	69022	Average	SPEC	DOH		Healthcare is average, the quality of specialists are low. Public health from the health department is non-existent.
1102	69022	Good	SPEC	OBG		We are fortunate to have the specialists we have and to have OB at our facility.
1099		Good	SPEC	PHAR		visiting specialists is a plus; TVHS Public Transportation is wonderful; we are thankful for Walk In opportunity to see a doctor or PA; Mark's Pharmacy is top notch; We appreciate the Health Fair; Dietary classes are great; The PT dept. has kind, caring individuals. It seems to me that TVHS really strives to meet the needs of the public by keeping their eyes to the future as far as new services or new specialists. As a volunteer, I enjoy being invited to special events such as volunteer appreciation day, soup suppers, pancake feeds, etc. TVHS has a friendly atmosphere. Hats off to the environmental services people - the clinic and hospital areas are always clean and smells fresh!
1104		Very Good	SPEC	TRAV		Patients would benefit from more specialist services so that they aren't travelling
1043		Very Good	SPEC			For a town this size I feel we have an outstanding range of healthcare specialists
1115	69022	Good	SPRT	DOCS	SERV	The community seems supportive of the hospital, and we get people from out of county who choose to come see our providers. there are missing services, such as in person counselors and therapists.
1057	68922	Very Good	STFF	DOCS	RESO	I believe that we have dedicated health professionals in our community, but we have major obstacles in offering, expanding or keeping certain services. I believe that our community health providers are doing all they can to meet the needs of community members with limited resources (financial, personnel).
1109	69022	Good	TRAV	SERV	QUAL	People do realize they have choices to stay in Cambridge or go to McCook or Holdrege and many do. There needs to be a push to help them stay in the service area and see the providers offered in our community instead of leaving. Generally, I feel the perception is positive but can always improve.

CHNA 2025 Community Feedback: Tri Valley PSA (N=134)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1030	69034	Good	CC	CLIN		more daycares, more urgent cares
1116	68922	Average	CLIN	ACC		Walk in at arap clinic
1044	67654	Very Good	DOCS	SERV		Nothing new, but need to recruit MDs to be able to continue to offer current services
1021	69022	Very Good	DOH	ACC		I believe the DAT is wonderful, and getting people to work health fairs are difficult. we need to bring back the health fair pre COVID.
1036	69022	Good	DRUG	SERV		Alcohol and drug abuse treatments and services for aftercare
1041	69022	Very Good	EMS	RESO		Advanced life support for EMS
1127		Good	FEM	FINA	INSU	Fertility health, cost-effective health programs for under/uninsured
1089	68948	Good	FEM	OBG		Women's health
1081	69022	Good	MH	ACC	REC	More opportunities to access mental health specialists and more opportunities for outdoor activities.
1068	69822	Good	MH	WEB		Mental health care programming - strategies and options to decrease the harmful effects of isolation through social media and the negative perceptions that creates
1020	69022	Very Good	MH	YOUTH		Mental Health for school age children
1107	68948	Very Good	NH	ACC		Full care nursing home facility would be great.
1057	68922	Very Good	NH	ACC		Independent/assisted living, nursing home care
1054	68922	Very Good	NUTR	FIT	PREV	promotion for healthy lifestyle - exercise, diet - maybe promote work place wellness competition between larger employers in the service area?
1028	68922	Very Good	NUTR	HOUS	TRAN	Someone or somewhere where people can help find assistance with their unmet needs. Food, housing, transportation, health care
1083	69022	Very Good	NUTR	SERV		Cooking classes would be fun!
1059	69022	Very Good	OBES	SERV		More programs to help with obesity
1091	69022	Good	OBES			On going attention to obesity
1115	69022	Good	OBG	FEM		OB centered program. maybe a monthly naturally minded birth class.
1103	69034	Very Good	OTHR			I cannot continue as I have a problem with restless leg syndrome and right now it is hitting hard.
1105	69022	Average	PEDS	DOCS	NH	Get more pediatric providers. More pediatric services. More elderly care services
1074	69034	Good	PEDS			More pediatric services
1004	69046	Good	PREV	EDU		wellness education provided
1129	69022	Average	PREV	EDU		Wellness programs geared towards education
1003	68922	Very Good	PREV			Overall wellness
1106		Average	QUAL	BED		people who really care
1085	69022	Very Good	REC	SPRT	ACC	Continued length/improvement of Cambridge walking trails to support maintained access to the outdoors.
1051	69022	Very Good	REC			Many have wondered about a dog park. A bike trail would be nice. One without stickers. Widen the current walking trail so people with dogs can pass by each other easier if not going in the same direction.
1065	69022	Very Good	SERV	ACC		I don't know that we necessarily need something new, maybe just extend or grow what we already have.
1086		Very Good	SERV	SCAN	TRAV	focus on continuing current services. very limited MRI access in rural areas -unless patient wnts to wait a week or more for mobile MRI. OR drive an hour - if one can be scheduled.
1109	69022	Good	SERV			Case management services
1013	69022	Good	SPRT	ECON	MH	Community support programs that address economic insecurities like food programs, rental assistance, access and payment for mental health services (vouchers), etc. Why can't we create community gardens in the summer that the community has access to for free fruit and veggies?
1019	69022	Very Good	SPRT	RESO		people do not interact like they use to so don't know
1046	69022	Good	SPRT			Parenting classes

Year 2025 - Let Your Voice Be Heard!

Cambridge Memorial Hospital in Furnas County, NE is working together to update a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is December 6, 2024.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

- Very Good Good Average Poor Very Poor

2. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would our community area residents rate each of the following health services?
(Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

5. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Please be specific)

6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|---|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Providers) | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Senior Health | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Underinsured/Uninsured | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Awareness of HC services | <input type="checkbox"/> Dental Services (taking Medicaid) |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Home Health / Hospice |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Up to date Medical delivery practices |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Affordable health insurance plans |
| <input type="checkbox"/> PCP Recruitment/Add visiting specialists (ENT, DERM, URL, ENDO, ENT) | <input type="checkbox"/> Aging Primary Care providers |
| <input type="checkbox"/> HC Staffing shortages (Nurses, etc.) | <input type="checkbox"/> Available nursing home beds |
| <input type="checkbox"/> Aging Nursing Home Facilities | <input type="checkbox"/> EMR Integration |
| <input type="checkbox"/> Chronic Diseases (COPD, CHF, Hyper, others) | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Access to Specialties - Physician Recruitment | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Hospital Community Perception (Arapahoe) | |



7. Which past CHNA needs are NOW the most pressing for improvement? Please select top 3.

- | | |
|---|--|
| <input type="checkbox"/> Mental Health (Diagnosis, Placement, Aftercare, Providers) | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Senior Health | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Underinsured/Uninsured | <input type="checkbox"/> School Health |
| <input type="checkbox"/> Awareness of HC services | <input type="checkbox"/> Dental Services (taking Medicaid) |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Home Health / Hospice |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Up to date Medical delivery practices |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Affordable health insurance plans |
| <input type="checkbox"/> PCP Recruitment/Add visiting specialists (ENT, DERM, URL, ENDO, ENT) | <input type="checkbox"/> Aging Primary Care providers |
| <input type="checkbox"/> HC Staffing shortages (Nurses, etc.) | <input type="checkbox"/> Available nursing home beds |
| <input type="checkbox"/> Aging Nursing Home Facilities | <input type="checkbox"/> EMR Integration |
| <input type="checkbox"/> Chronic Diseases (COPD, CHF, Hyper, others) | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Access to Specialties - Physician Recruitment | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Hospital Community Perception (Arapahoe) | |



8. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).

9. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Wellness Screenings/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)



11. Over the past 2 years, did you or someone in your household receive healthcare services outside of your county?

Yes No

If yes, please specify the services received



12. Access to care is vital. Are there enough providers/staff available at the right times to care for you and your community?

Yes No

If NO, please specify what is needed where. Be specific.



13. What "new" community health programs should be created to meet current community health needs?



14. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? Please select all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).



15. For reporting purposes, are you involved in or are you a...? Please select all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Business/Merchant | <input type="checkbox"/> EMS/Emergency | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Community Board Member | <input type="checkbox"/> Farmer/Rancher | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Case Manager/Discharge Planner | <input type="checkbox"/> Hospital | <input type="checkbox"/> Parent/Caregiver |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Health Department | <input type="checkbox"/> Pharmacy/Clinic |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Housing/Builder | <input type="checkbox"/> Media (Paper/TV/Radio) |
| <input type="checkbox"/> Consumer Advocate | <input type="checkbox"/> Insurance | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Dentist/Eye Doctor/Chiropractor | <input type="checkbox"/> Labor | <input type="checkbox"/> Teacher/School Admin |
| <input type="checkbox"/> Elected Official - City/County | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Veteran |

Other (Please specify).



16. For reporting analysis, please enter your HOME 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Furnas County

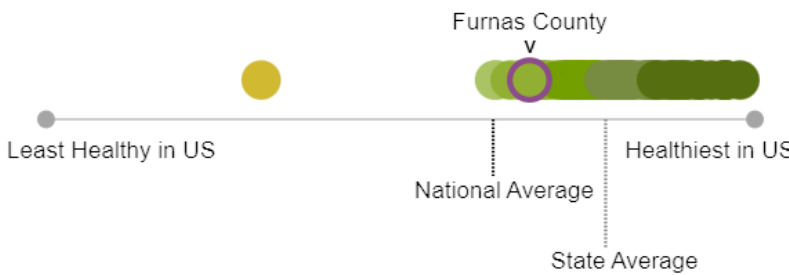
2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Nebraska county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

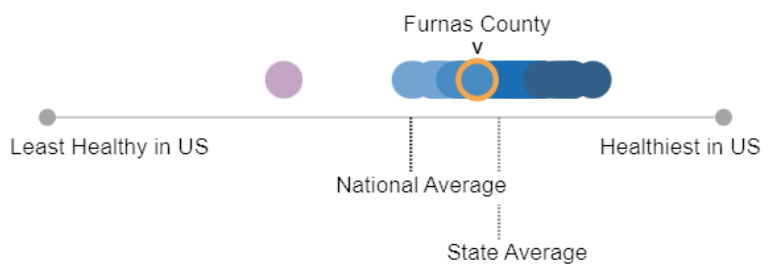


<https://www.countyhealthrankings.org/health-data/nebraska/furnas?year=2024>

Health Outcomes



Health Factors



Population: 4,575

Health Outcomes				
	Furnas County	Nebraska	United States	
Length of Life				—
Premature Death	10,200	6,800	8,000	⌵
Quality of Life				—
Poor or Fair Health	13%	13%	14%	⌵
Poor Physical Health Days	3.2	2.9	3.3	⌵
Poor Mental Health Days	3.9	4.3	4.8	⌵
Low Birthweight	10%	8%	8%	⌵
Additional Health Outcomes (not included in summary)				
	Furnas County	Nebraska	United States	
Life Expectancy	76.0	78.4	77.6	⌵
Premature Age-Adjusted Mortality	440	350	390	⌵
Child Mortality		50	50	⌵
Infant Mortality		6	6	⌵
Frequent Physical Distress	10%	9%	10%	⌵
Frequent Mental Distress	14%	14%	15%	⌵
Diabetes Prevalence	8%	9%	10%	⌵
HIV Prevalence	0	147	382	⌵







Note: Blank values reflect unreliable or missing data.



The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.


What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Furnas County, NE - 2024

Health Behaviors	Furnas County	Nebraska	United States
Adult Smoking	17%	14%	15%
Adult Obesity	41%	36%	34%
Food Environment Index	8.6	8.0	7.7
Physical Inactivity	27%	24%	23%
Access to Exercise Opportunities	41%	84%	84%
Excessive Drinking	19%	22%	18%
Alcohol-Impaired Driving Deaths		32%	26%
Sexually Transmitted Infections	86.9	453.1	495.5
Teen Births	14	16	17

Clinical Care	Furnas County	Nebraska	United States
Uninsured 	10%	8%	10%
Primary Care Physicians 	920:1	1,340:1	1,330:1
Dentists 	2,290:1	1,220:1	1,360:1
Mental Health Providers	1,530:1	310:1	320:1
Preventable Hospital Stays 	3,948	2,249	2,681
Mammography Screening 	44%	50%	43%
Flu Vaccinations 	25%	49%	46%

Social & Economic Factors	Furnas County	Nebraska	United States
High School Completion	90%	92%	89%
Some College	66%	72%	68%
Unemployment 	2.0%	2.3%	3.7%
Children in Poverty 	21%	14%	16%
Income Inequality	4.1	4.2	4.9
Children in Single-Parent Households	10%	20%	25%
Social Associations	17.4	13.6	9.1
Injury Deaths	85	63	80

Physical Environment	Furnas County	Nebraska	United States
Air Pollution - Particulate Matter 	5.5	5.8	7.4
Drinking Water Violations	No		
Severe Housing Problems	12%	12%	17%
Driving Alone to Work	80%	78%	72%
Long Commute - Driving Alone	18%	19%	36%



VVV Consultants LLC



VVV Consultants LLC

Vince Vandehaar, MBA

Principal & Adjunct Professor

VVV@VandehaarMarketing.com

Olivia Hewitt, BS

Associate

OGH@VandehaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

VVV Consultants LLC is an Olathe, KS-based “boutique” healthcare consulting firm specializing in Strategy; Research, and Business Development services. We partner with clients. Plan the Work; Work the Plan